



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Pen y Coed Mansion Care Home

**St Clears
SA33 4JR**

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Description of the service

Pen Y Coed Mansion is registered with the Care and Social Services Inspectorate (CSSIW) to accommodate 11 adults aged 18-64 years who have a learning disability and require personal care. Pen Y Coed Mansion provides a specialist transition service and is located in St Clears near Carmarthen. The registered provider is Perthyn and the registered manager is Jayne Painter.

Summary of our findings

1. Overall assessment

People are provided with a high level of support by experienced and motivated staff. Care needs are comprehensively assessed and are well-reviewed with evidence of positive outcomes. The home is well-situated and the environment is appropriately furnished and maintained. Staff are supported and the service is reviewed regularly.

2. Improvements

At the previous inspection we notified the provider that they were non-compliant with Regulation 13 (2) of the Care Homes (Wales) Regulations 2002 for a number of medication errors. Actions have been taken by the provider to minimise risk of further errors and we therefore consider that compliance has been achieved.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home.

There were no issues of non-compliance identified at this inspection.

1. Well-being

Summary

There are flexible arrangements in place to support people in activities of their choice. Communication methods are in use to aid understanding and decision making and people receive appropriate support at meal times.

Our findings

We found that people are provided with a range of activities. Some activities, such as swimming, were regularly scheduled for the same day each week but activities and opportunities were, in the main, arranged or accommodated based on choices made on a daily basis or based on presenting needs. We saw people being supported to enjoy table top activities, using the garden and people enjoying quieter environments within the home during our inspection. Transport was provided to allow opportunities for trips to places of interests, shopping, social and leisure pursuits and additional support was provided where required. Some people attended Bike-ability locally and we saw that a bike workshop was under development in the garden and several mobility bikes were available for use. We saw that some people enjoyed the use of sensory equipment in their rooms and we were shown an outdoor building known as The Cwtch which was going to be transformed into a sensory room. Some items had already been purchased to progress with this development. We noted in the service's Strategic Action Plan that staff were identifying opportunities for volunteering such as cleaning beaches or public paths and ideas for developing in-house activities included the introduction of theme nights. We saw that this was supported with meals as there were entries on the menus for themed nights. We saw evidence around the home of the activities that people enjoyed – ranging from art work to photographs of people in the community visiting places of interest or making personal achievements such as climbing to the top of a mountain. People were supported to make choices and understand the day's events through use of Total Communication signs and symbols and the use of photographs. Staff present during our inspection were able to speak some words in Welsh with the people whose first language was Welsh and we were told that approximately 40% of staff were able to speak Welsh fluently. We spoke to the registered manager about having signs in Welsh, or bi-lingual signs, to further improve communication for people. We therefore consider that people are able to enjoy a range of opportunities that are provided flexibly in response to their daily needs and their choices.

Appropriate support is provided at meal times. We saw a menu that outlined a selection of hot meals based on people's preferences. Some people had an interest in their food and they were assisted by staff with their meal preparation. We observed staff assisting someone with their meal and saw that independence was encouraged but support provided where required. A cotton apron was provided to protect clothing during the meal and this

was respectfully removed after the meal was completed. Care was taken to also ensure that the person was clean and presentable. The interaction was friendly and familiar and staff showed understanding of the person's preferred foods. Music was played during the lunch period in the dining room which created a pleasant environment but some people regularly chose to eat in quieter locations with fewer people. People were supported in all areas and were given time to enjoy their meal. We therefore consider that people's nutritional well-being is being met and that people's preferences are accommodated.

2. Care and Support

Summary

Care needs are understood and comprehensively reviewed. Staff are provided with training that meets the needs of the people in the home and they are confident in their supporting roles.

Our findings

People's care needs are clearly identified. Care files were separated into four files; a main care file; a Health Action Plan; a Daily File and Person Centred Plan File. Care files were indexed which made information easily accessible. People's personal details were captured and there were recent photographs in files. Information was person-centred and headings included "activities I have tried and enjoyed"; "food and drink I like", "a little about me". Deprivation of Liberty Safeguards (DoLS) authorisations were current and there were completed assessments to support the authorisations. Risk Assessments and Risk Management Plans were very comprehensive and provided staff with very clear guidance about the support required. Some of these, however, were older than the current electronic versions we saw and we advised the registered manager that historical documents should be archived. Preventative strategies and early behaviour indicators that a person may be losing control were especially detailed and staff were directed in relation to the use of positive behaviour management techniques to be used. Specific risk assessments such as epilepsy risk assessments were supported by detailed guidance to staff about what actions to take in the event of a seizure taking place. Each person had a finance risk assessment and a medication support plan, and ad hoc risk assessments were completed for specific activities. People's health action plan outlined the medication, its purpose, the dosage, the frequency, the times of administration, its side effects and each medication item was supported by a photograph. We considered that this was evidence of action having been taken to minimise risk of medication errors occurring. The administration of medication was supported by an electronic system and whilst there had been some difficulties with this previously this was generally considered to working well. Further actions to minimise risk of medication errors included medication audits being undertaken twice a week and the administration of medication being undertaken by a smaller team of staff. Competency for the administration of medication was determined after an average of four observations which was an additional safeguard. People's daily files included a one-page profile that outlined what was important, "what others like and admire about me" and "how best to support me". Instruction to staff was clear: *"be clear when you explain things to me"; "listen to me carefully"; "offer me choices, but not too many"*. Daily recordings included narratives around interactions, activities, meals, behaviours and emotions. Person centred plan reviews were held every three months and provided a detailed account of the person's progress, activities, participation, communication, health, medication, relationships and they

were supported by the use of photographs which we considered to be good practice in evidencing outcomes for people. We saw that goals were being achieved and new goals were being identified. We therefore consider that people's care and support needs are well-understood and outcomes are recorded effectively.

Staff have the necessary support and training to undertake their role. We saw in documentation that mandatory training was provided and that the service adopted a three stage training model to evidence staff knowledge and competencies. This was achieved through Positive Behaviour Management, Total Communication and Positive Behaviour Support Plan reviews. We looked at Positive Monitoring Forms completed by Behaviour Specialists for all staff and saw that these were scored, provided a commentary, outlined areas of achievements, areas of need and identified actions required. Observations of interactions of active support were undertaken within the service and during our inspection we observed that staff provided prompt responses during incidents of inappropriate behaviour or verbal communication. Analysis of the effectiveness of interventions was monitored by the service and in a recent month, out of 83 incidents, 71 were managed through low arousal diffusion and distraction techniques, with only four incidents requiring two-person restraint techniques to be adopted. In one behaviour analysis report we noted that the average number of incidences for that person for a period of three months was half the amount reported on admission. This evidenced that the support provided to people resulted in a reduction of restrictive practice and improved outcomes for the individual. Staff we spoke with spoke positively about helping people with their challenges and helping people progress: *"we see people moving on"*; *"we help people move on to supported living"*; *"we do good work here"*. We were told by staff that they received *"endless amounts of training"* and that it was *"pitched right – tailored and reinforced in practice"*. Staff felt informed through e-learning, policies and procedures, observations, care plans and from colleagues: *"staff give fantastic advice"*. Overall, they felt they had a *"good team"* and that the *"team is well trained"*. Additional means of support and information included handovers, monthly meetings and "read and sign" for distributed documents. All staff carried personal alarms for their safety and in our conversations we considered that staff felt confident and content in their roles: *"utter job satisfaction"*; *"very happy"*; *"nothing I can complain about"*. We therefore feel that people are supported by staff who are committed and have the necessary skills and knowledge to provide appropriate care.

3. Environment

Summary

The home is remotely located and provides a quiet and safe environment. The environment is furnished to meet people's assessed needs and there are areas under development within the grounds of the home which will provide additional benefits. The home is maintained as required and has a schedule of redecoration and remedial works in place.

Our findings

All areas within the home are accessible and provide a secure environment. Entry to the home was through ringing the door bell and at our arrival our identity was confirmed by staff. We were asked to sign a visitors' book in the main reception hall and we could see that this was routinely used. We had a tour of the building and saw that the communal living rooms were spacious and simply furnished to meet people's needs. Some people's own rooms were personalised with their belongings and furnishings and in other instances they were very simply designed with added sensory equipment based on assessed needs. This demonstrated that each personal space was tailored to each person's requirements and preferences. We saw that the flooring in one shower area was in need of replacement but we were assured that this was to be undertaken as the responsible individual had reported this as a requirement during a recent visit. We also saw that there was a schedule of maintenance for areas that needed redecorating and we saw that one room was being redecorated during the inspection. A new range cooker was installed in a large kitchen which was clean, free of any work top clutter and provided ample space for support with meal preparation. Environmental Health had given a rating of four in June 2017 and actions had been identified in relation to improving management systems. The dining room adjoined the kitchen was seen to be used throughout the day for meals, drinks, table top activities and general conversation as people passed through to other areas in the home. A small office space where medication was stored was located next to the dining room and this was locked at all times. The exterior of the home provided a large garden with a summer house and a newly built glass house and we saw a bike workshop under development and an outbuilding that was to be converted into a sensory room. The home was located in countryside that provided people with opportunities for walks and, being far from a road, provided a peaceful location. We saw people using all areas within the home during our inspection. We therefore consider that people are protected from harm and are able to freely enjoy the facilities the home has to offer.

Maintenance checks are being undertaken as required. We were shown evidence that fire alarm tests were undertaken weekly, a fire risk assessment had been completed in 2017, the fire alarm system, emergency lighting and fire extinguishers had been serviced in November 2017 and Legionella tank sterilisation was carried out in April 2017 alongside

servicing of anti-scald valves for baths. We were told that remedial work to the building could be time consuming as the home is a grade 2 listed building and conservation issues had to be considered. In this respect we saw that appropriate agencies were consulted in order to progress with identified issues. We therefore consider that people's safety is being maintained through appropriate maintenance of the environment.

4. Leadership and Management

Summary

Procedures are in place for effective recruitment and monitoring arrangements for staff are robust. Information about the service is provided in appropriate formats and the service is reviewed on a regular basis.

Our findings

Procedures are in place for the recruitment and monitoring of staff performance. All recruitment processes were carried out centrally by the human resources office and once all pre-employment checks had been undertaken the registered manager would visit the central office to view the documentation and sign their agreement that the received documentation was satisfactory. We saw electronic versions of these signed forms which indicated that all of the required checks had been undertaken. We saw that staff supervisions were taking place regularly and staff spoke positively about their experience: *"it's good, it gives me goals"*. The supervision records evidenced that performance was being monitored and very detailed support and guidance was being given to staff. An action column provided space to outline progression or directives and we saw that policies and procedures or concerns were discussed as required. A chart was kept in the home's main office with dates of staff supervisions and these were also tracked electronically by the central human resources office. We saw evidence of appraisals in staff files but we reminded the registered manager of the need to ensure that they were carried out annually. We were told that training was going to be provided for the management team to make the appraisal process more robust. Staff meetings and Management Team meetings were held monthly, were well attended and the agendas were varied to reflect the presenting needs at that time. We therefore consider that people are supported by staff that have been considered fit for employment and who are closely monitored to ensure that they are providing appropriate practice to meet people's needs.

Information about the service is current and the service is regularly reviewed. The statement of purpose had been reviewed in 2017 and met requirements. The service user guide was in an accessible format and included an outline of how people could make a complaint. There was also an additional service user guide that provided photographs of staff and photographs of hand signs to correspond to the photographs or symbols. These documents had not been requested in Welsh but we were told that they could be provided in Welsh on request. We advised the registered manager that a statement to that effect was added on to the documents. The service received an internal financial audit in November 2017 and an internal environmental audit in October 2017. The responsible individual quarterly visits provided comprehensive accounts on: the physical environment, both internally and externally; residents activities and interactions; relationships; residents issues; staff issues; observations of practice; discussion with staff; concerns or complaints;

recommendations; actions required; and an update on actions previously identified at last visit. We saw the last quality of care review report in 2016 and this was a thorough analysis of all aspects of the service including consultation with people living in the home and their representatives. The quality of care review for 2017 was scheduled to be completed in December 2017. We therefore consider that people receive information that is relevant and accessible and that they are consulted about their service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the previous inspection we notified the provider that they were non-compliant with Regulation 13 (2) of the Care Homes (Wales) Regulations 2002 for a number of medication errors. Actions have been taken by the provider to minimise risk of further errors and we therefore consider that compliance has been achieved.

5.2 Areas of non compliance identified at this inspection

There were no issues of non-compliance identified at this inspection.

5.3 Recommendations for improvement

We recommend the following:

- Historical documentation should be removed from people's files and archived if no longer required;
- Appraisals should be scheduled on an annual basis for all staff;
- Signs in use around the home to be produced in Welsh, or bi-lingually, for the benefit of people whose first language is Welsh.

6. How we undertook this inspection

We carried out a full unannounced inspection on 05.12.17. We arrived at 9:35 a.m. and left at 17:45 p.m. The methods used included:

- We observed interactions between staff and people living in Pen Y Coed;
- We spoke with staff;
- We spoke with the registered manager;
- We looked at seven care files;
- We looked at post-incident support documentation;
- We looked at training data;
- We looked at three staff supervision files;
- We looked at staff meeting minutes;
- We looked at management team meeting minutes;
- We looked at the medication administration system and medication records;
- We looked at the statement of purpose;
- We looked at the service user guide;
- We looked at quarterly reporting by the responsible individual;
- We looked at evidence of completed audits and performance monitoring;
- We looked at a strategic action plan;
- We looked at fire safety records;
- We had a tour of the building and the exterior;
- We provided feedback to the responsible individual by telephone.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Perthyn
Registered Manager(s)	Jayne Painter
Registered maximum number of places	11
Date of previous CSSIW inspection	13/03/2017
Dates of this Inspection visit(s)	05/12/2017
Operating Language of the service	English and Welsh
Does this service provide the Welsh Language active offer?	This is a service that 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.
Additional Information:	