



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg / This report is also available in
Welsh

Ceiriosen Bren Care Home

Carmarthen

Type of Inspection – Baseline

Date of inspection – Tuesday, 5 July 2016

Date of publication – Tuesday, 4 October 2016

Welsh Government © Crown copyright 2016.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

Summary

About the service

Ceirosen Bren Care Home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide personal care and accommodation for up to four people between the ages of eighteen and sixty four years who have a learning disability. On the day of the inspection there were four people living in the home.

It is a large two storey modern, detached house occupying an elevated position with fine views over Cardigan Bay. The house is spacious offering suitable and modern accommodation for the residents. It is located on the outskirts of the small village of Plwmp, and within a short walking distance of the bus stop.

The registered providers are Inspiration Lifestyle Services Ltd. The Registered Individual is Ann Bateman and the acting manager, Simon Rogers is currently applying to become the Registered Manager for the home.

What type of inspection was carried out?

This was a scheduled unannounced baseline inspection and the following methodology was used to plan and inform our findings:

- Information from the previous inspection report
- Information we received from the providers since the previous inspection in the form of 'notifications'
- Observe interaction between staff and residents
- Speak to a resident in private
- Look at two service delivery care files
- General tour of the environment
- Look at two staff files to see if appropriate checks are undertaken when recruiting, and evidence that training and supervision are being provided.
- Speak to two staff members in private
- Look at the 'statement of purpose' and also the 'quality assurance report' sent to us electronically soon after the inspection visit.

What does the service do well?

We noted that the layout and quality of the premises enhances the experience of residents, and that they benefit from being provided with a service that meets its aims as outlined in the home's statement of purpose. The service was awarded the gold Investors in people' accreditation in April 2015.

What has improved since the last inspection?

The previous inspection report did not identify any areas for improvement, therefore we could not comment other than the home continuous to provide a high standard of service for residents.

What needs to be done to improve the service?

No non-compliance notice was issued as a result of this inspection but the following were noted:

The method of compiling the quality assurance report to suit the audience that it is intended needs to be altered to fully comply with Regulation 25 of the Care Homes

Quality Of Life

Residents and their families can feel at ease that Ceiriosen Bren will provide safe accommodation where they can be supported with their personal development, enhancing their quality of life and wellbeing.

We saw that residents were enabled to take assessed responsibilities of assisting in the general housekeeping of the house and garden, and that this provided normal life experience. Residents were aware of behavioural boundaries and this was seen to be reinforced by staff, thus enabling individuals to participate in social activities in the locality.

We saw that information and guidance were in a suitable format in various locations in the home reminding the residents about their behaviour and responsibilities, such as the need to respect others, and when a quiet period is needed at night. By the front door we saw that the weather for the day was displayed in a pictorial format and also gave pictures of suitable clothing to wear. This information was visible and clear.

We saw that people's autonomy was being encouraged and minutes of 'house meetings' were seen in pictorial format. Topics such as the menu were being reviewed, and also current issues such as the referendum on leaving the European Union. One person wished to have further information regarding this. House rules were also discussed and redecorating of bedrooms. We saw that this had been actioned as the specific bedroom had been painted in the colour of the resident's choice, and also a new carpet had been fitted.

People were seen to be aware of the need to eat healthy and each would do the shopping supported by a carer. The fridge looked full and staff were seen to be checking dates on unopened items and left over food. We saw evidence that this was being undertaken daily as it was seen in the daily health and safety check file, signed and dated by the staff member undertaking the task. Fresh fruit was available in the kitchen. We were told that this is encouraged and a person that was eating a banana told us that he does not eat crisps and keeps fit playing football and going to the gym. We saw photos of trips out and a large collage in the hallway made by the residents. Two people chose to go on a holiday together, but we were told that usually residents tend to go with families or take day outings to places such as Thorpe Park.

People are able to access the bus within a short walking distance of the home. The usual routes taken are to Cardigan, Aberaeron, Lampeter or Aberystwyth but the home also has two vehicles.

People can be assured that service delivery files are being kept up to date and that they are comprehensive and individualised. We saw that the contract is presented in a pictorial format and signed and dated appropriately. We also noted that the pre-accommodation and admission document had been written in the language of the prospective resident. The 'getting to know you' and significant life events was informative for the carers enabling them to interact and plan activities leading to a positive experience for people. We saw that an application had been made to the local authority to be assessed to see if the resident is being deprived of his liberty. Staff sign and date (most recent being the 23/3/16) to evidence that they have read and understood the

individual's risk assessments. We saw that the positive behavioural management plan was also reviewed in March which also had been signed and dated by staff. Information regarding the procedure for administering a specific medication prescribed to be taken PRN (when needed), including in what circumstances it should be given was detailed providing clear guidance for staff. We saw that the annual health check had been undertaken on the 7/3/16 and record of weight checks. Comprehensive reports are compiled every three months detailing the activities undertaken, sleep records, weight in the form of a graph, records of mental health and behavioural incidents, PRN medication given and visits from health and social care professionals. This report gave a very good account enabling management and staff to look at previous reports and assess if any changes are needed in the service delivery plan and care of the resident.

We were told by a person's relative that they regard the home as 'fantastic', that their son is supported to undertake activities. "It is a brilliant place, the environment is good. He has a large bedroom. My wife and I are very pleased. Staff are young and do things of his age group". We saw that people were enthusiastic about sports, especially football and cricket, and the pool table in the conservatory was also being used.

Quality Of Staffing

People can be confident that the organisation undertakes the necessary checks when employing new staff so that they are safeguarded. We looked at two staff files and noted that they were both organised with a checklist at the front. We saw evidence that information supplied by the staff member as a candidate, and the procedures that had been taken for selection was available in written format. We noted that a Disclosure and Barring check had been applied for and that the organisation operates a risk assessment if any past convictions were disclosed.

We looked for evidence that staff were receiving appropriate induction and saw that the content was based on the Care Council for Wales Social Care Induction Framework. It also provided the new staff member with comprehensive details regarding the structure of the company and personnel. Induction topics were signed off by management when completed and staff received a certificate upon completion. We noted that staff sign and date to evidence that they conform to the Care Council for Wales code of practice and also the organisations policies and procedures.

People can be satisfied that staff receive appropriate training for the work they are to perform. We saw on the training matrix that staff had received training in the last three years in all mandatory topics and that training in autism had been arranged in two day's time, also mental capacity act and deprivation of liberty training has been arranged to take place on three dates in September, the first being the 20.09.16. Other future training in various related topics has been arranged for 11/7/16, 6/8/16, 16/9/16 and 20/8/16. We saw that the safeguarding of vulnerable adults training had been provided on the 23/6/16.

Staff undertake e-learning medication training annually and need to obtain 100% before being competent to give medication. Currently 11 staff give medication and have completed this training.

We saw evidence in the supervision file that staff receive regular supervision and that this is done in an organised manner providing the staff member time to prepare in advance. We saw that a recently recruited staff member was receiving monthly supervision over the probationary period, and evidence of probationary records were also seen.

Quality Of Leadership and Management

A new acting manager has been appointed and intends to submit an application to CSSIW to become the registered manager. Also a new acting deputy manager has been appointed and has been in post for 8 weeks, but previously employed by the organisation in another service.

People can be assured that they are cared for by staff who are being supported in their role. We spoke to a staff member in private who has worked at the home for approximately 2 years who told us that she is being supported to undertake QCF level 3 in care, and has already completed level 2. We were told that she feels supported by management and has sufficient training to undertake the work expected of her. Staff team meetings are held regularly, but naturally not all staff are able to be present as some need to be on duty and possibly on annual leave. In the past she has felt that her 'voice was not being heard', but currently this is not the case as she finds the acting manager consistent and does not have any issues to report.

Another staff member in a senior role told us that she finds staff supportive, also the acting manager of the home, the managing director and the responsible individual. She found the induction comprehensive, receives regular supervision and recently received training regarding 'deprivation of liberty' and the 'safeguarding of vulnerable adults'.

People can be assured that the service is reviewing and updating the policies in a timely manner. We saw that all care policies were reviewed in August 2015 and the human resources policies in April 2016. The Statement of Purpose included the necessary information as per matters listed in Schedule 1 of Regulation 4 (1) (c) and updated in May 2016. The Service User Guide is presented back to back in a single booklet. We saw that the complaints procedure was mentioned in the Statement of Purpose, and that this was detailed, with variable methods of contact in the Service User Guide. We also saw details of how to raise a complaint with the service policy displayed in the format of a 'flow chart' in the reception area. Policies for residents, also seen in the reception area were presented in an easy read pictorial format detailing the values of the organisation in terms of 'bullying', 'smoking', 'drugs and alcohol'.

The quality assurance report dated 2015/16 that was sent to us following the inspection visits stated that the Investors in People Gold award had identified that the service benefits from the "strength of leadership supported by a highly motivated team".

In relation to the presentation of the quality assurance report, we noted that it is not specific to Ceiriosen Bren (includes two other services managed by the organisation) and the method of compiling the quality assurance report to suit the audience that it is intended needs to be altered to fully comply with Regulation 25 of the Care Homes (Wales) Regulation 2002.

Within the report we were provided with the responsible individual's monitoring reports which are detailed and comprehensive evidencing that the service is complying with Regulation 27. We also saw a file containing these reports at Ceiriosen Bren whilst on the inspection visit.

We noted that the service displays the CSSIW certificate dated 9/07/16 in Welsh and English, and also a current employers liability insurance certificate valid until 11/11/2016.

Since the previous inspection we received five notifications of medication errors by management. This displays that the home is complying with Regulation 38 in that they are notifying us. We accompanied the deputy manager to look at where medication is being stored and records kept. We noted that the temperature of the room is being recorded and found to be within the appropriate range. We saw that there is a system in place to check and count the medication each evening in case of errors. Monthly audits of medication given are sent to the service head office to be verified and signed by the responsible individual. If an extra tablet is needed, i.e if medication is accidentally dropped on the floor or similar we saw copies of letters sent to the G.P to explain this. When a certain prescribed medication is needed occasionally (PRN) this is recorded on another form explaining why the medication was given, and on the medication administering record sheets.

Following a medication error that was reported to us we noted that the procedure for completing a medication form that people take home with them has been amended to reduce the risk of reoccurrence. We were told that currently none of the people living in the home are prescribed 'controlled drugs' but if this altered, the home would need to have adequate storing facilities for medication in this category to be stored securely. We were told that the Pharmacist from Boots visits the home regularly.

Quality Of The Environment

People can be assured that the living accommodation is light and airy offering comfortable and spacious accommodation. Three bedrooms have en-suite facilities whilst the other bedroom has use of a large bathroom and shower close by. There is also a staff room which incorporates sleeping facilities for the staff member who sleeps in. This is on the same floor as the bedrooms.

We noted that the premises is modern and kept to a high standard of décor. Communal rooms, such as the kitchen and lounge are spacious with a smaller room close by. The conservatory opens from the lounge to the garden, this can also be accessed from the 'french window' type opening in the kitchen. We are told in the service's own quality assurance report that the quality of the environment is viewed as being extremely important to the quality of life of people living at Ceiriosen Bren.

People benefit from the large, level garden at the rear of the house which they assist to maintain. We saw that it is kept to a high standard and that playing cricket and football is enjoyed on the lawn, and other leisure activities such as having a barbeque.

People living in the home and staff can be assured that health and safety check procedures are in place and are actioned to safeguard them. We saw that the health and safety file had a weekly check list with evidence in the form of a signature and date to confirm that daily tasks had been completed. This was also the case with the cleaning tasks and visual checks of bed mattresses, electric cables and light bulbs. The most recent check in the fire log book had been undertaken on the 4/7/16 with historical evidence that this had been regularly completed. The fire extinguisher had also been checked by a certified company on the 9/5/16 and the most recent fire drill undertaken on the 4/5/16. The kitchen obtained level 5, the highest rating by Environmental Health.

We were told that all windows on the first floor were fitted with restrictors and that new windows were being considered for the property.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.