



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Ceiriosen Bren Care Home

Llandysul

Type of Inspection – Baseline
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Summary

About the service

Ceiriosen Bren Care Home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide personal care and accommodation for up to four adults with a learning disability between the ages of 18 and 64 years. The home was registered in May 2009. At the time of the inspection there were four males living in the home between the ages of 21 and 32 years old.

The home is situated along a narrow lane within the small rural village of Plwmp. The accommodation is provided in a large detached property. People living at the home are afforded very good views of the area.

Ceiriosen Bren care home is owned by Inspiration Lifestyle Services Ltd. and is one of three homes provided by this company, the others being in Pencader and in Kidwelly. The organisation has nominated Ann Bateman as responsible individual; we (CSSIW) are in the process of applying this change. The registered manager with day to day responsibility for the home is Lee Williams.

What type of inspection was carried out?

This inspection had been instigated by the receipt of a concern regarding physical intervention. We, the Care and Social Services Inspectorate Wales (CSSIW) therefore brought the annual scheduled inspection forward and undertook a baseline inspection of the service and made a referral to the Adult Safeguarding Department.

During the visit we spoke with staff on duty, with the people using the service, and the nominated responsible individual. We inspected the environment and looked at how the service impacted on the people using the service. We examined a sample of documentation, and case tracked the files of two people who use the service.

The following methodologies were also used:

- One unannounced visit to the home
- Analysis of the Statement of Purpose.
- Analysis of returned staff questionnaires.
- Analysis of returned professionals questionnaires.
- Observation of care practices. Direct observation of the people using the service, including interaction between staff and service users.
- Examination of a sample of staff files.
- Examination of staffing ratio via the rotas.
- Examination of the staff training matrix and training programme.
- Exploring medication storage, administration, and recording.
- Examination of a sample of Policies & Procedures including Physical Intervention
- Examination of a sample of health and safety checks

What does the service do well?

This inspection identified that there were no significant areas of outstanding practice. The matters reported are those which exceed CSSIW's expectations that conditions of registration, regulations and national minimum standards are adhered to at all times within the care provided.

What has improved since the last inspection?

- Following feedback from the last inspection we identified that staff annual appraisals had been undertaken in April 2014.
- We can confirm that remedial action was taken following feedback from the last inspection to highlight the step down into the laundry/boiler room and the shower in bedroom 1 had been sealed at the shower base.

What needs to be done to improve the service?

The following notifications have been made which will benefit the people using the service. The Registered Persons must address these notifications and recommendation, all of which will be followed up at the next inspection.

We notified the provider that the service is not fully compliant with Regulation 13 (2). This is because we observed gaps in the medication recording of one person case tracked. An audit also identified that there were insufficient tablets of one prescribed medication for the individual with no written explanation on the medication administration record (MARS) chart.

We notified the provider that the service is not fully compliant with Regulation 17 (3) - the Registered Persons shall ensure that all records referred to in paragraph (1) and (2) are kept up to date. There was evidence of the services care plans and risk assessments being reviewed however:

- the service needs to evidence the requests for placement reviews with the commissioning authorities on the persons file;
- the service needs to clarify that Care and Treatment Orders continue to apply to individuals and ensure current documentation is included within the persons care file.
- copies of Deprivation or Liberty Safeguards documentation needs to be requested and kept in the individuals care file with any conditions associated with the authorisation having been incorporated into the services care plans and risk assessments.

Good practice recommendations are:

The homes' policies, procedures and forms for recording incidents of physical restraint should be reviewed and brought inline with the Department of Health's July 2002 'Guidance for restrictive physical interventions: how to provide safe services for people with Learning Disabilities and Autistic Spectrum disorder'. It is also recommended that relevant paperwork is completed in a timely manner, following any incident of physical restraint, in addition to verbal reporting.

Quality of life

We (CSSIW) found that people using services were able to exercise their rights and were observed to be treated with respect and dignity. During the visit, we spoke with the people residing at Ceiriosen Bren. They said that the staff working at the home always treated them with dignity and respect. It was commented by one person that 'the support is good, they help you with the basic things, staff will help me if I need anything'. We observed and listened to care staff engaging with people in the communal areas spending time with them talking.

People can be assured that the carers know the wishes and needs of each person; because we examined the care records of two people. We identified that appropriate care plans and risk assessments were in place and reflected the care needs of the individual. The documentation was person centred enabling the reader to understand the needs of the individual. There was evidence that care plans and risk assessments were updated to reflect any changes in needs, and were regularly reviewed. However the service needs to evidence the requests for placement reviews with the commissioning authorities on the persons file; clarify that Care and Treatment Orders continue to apply to individuals and ensure current documentation is included within the persons care file; and that copies of Deprivation of Liberty Safeguards documentation have been requested and any conditions associated with the authorisation be incorporated into the services care plans and risk assessments. We notified the provider that the service is not fully compliant with Regulation 17 (3)

The medication records of the individuals case tracked were also examined. The recording of one person identified a gap in their medication administration record (MAR) chart with no explanation recorded for this. We notified the provider that the service is not fully compliant with Regulation 13 (2). An audit also identified that there were insufficient tablets of a prescribed medication for the same individual. We were informed that this had also been identified by the organisational own internal audit processes and that the insufficient tablets was as a result of medication being 'wasted' and replacement medication had been ordered.

People are supported to be fit and well. Close and regular contact is maintained with relevant health and social care professionals, which was clearly documented in the care files. People's records indicated that any change to health received prompt and appropriate response. People spoken to confirm that they were supported as required to access health care appointments.

People are actively encouraged and supported to maintain contact with family members and friends where appropriate, through supporting individuals with telephone contact and facilitating and supporting visits.

Overall, people living at the home have a comfortable environment and are supported to be as independent as possible within their capabilities. Care staff seek to motivate and encourage personal development by increasing the individuals daily living skills in prompting independence. We consider that the people receiving support are involved in choices, treated with respect and valued.

Quality of staffing

This inspection had been instigated by the receipt of a concern regarding physical intervention. The outcome following this inspection is that policies and procedures for physical restraint need to be reviewed; Documentation/reporting in relation to physical restraint needs to be completed in a timely manner; the evaluation of staffing levels to enable the safe use of PBM techniques.

There appeared to be sufficient staff on duty during the inspection to meet the needs of the people living in the home. Generally the rota consists of 2 (two) staff members between the hours of 7am -3 pm with an additional flexible support (1 carer) between the hours of 8.30am – 4.30pm. The afternoon shift commences from 2.30pm – 10pm, there is usually 3 or 4 staff members working during these times, dependant on the activities arranged and whether any residents require 1:1 support. By night there is 1 (one) waking staff member when all four residents are home, and a sleep-in staff member when a service user who requires 1:1 is visiting their parents overnight. Consideration needs to be given to staffing levels as all staff members are trained in Positive Behaviour Management (PBM). To safely implement PBM techniques 2 (two) staff members are required. There maybe times when there are not sufficient staff available such as by night, as there is only one staff member on shift, and also at times during the day when staff members are supporting residents in the community. An incident had occurred, witnessed by a member of the public in which physical intervention was required to maintain the safety and minimise risk to a service user near to the home, however there was only one staff member who was able to intervene and maintain the situation. This is because another staff member was supporting another resident in the community, and a third staff member was unable to leave the grounds of the home to support as there were other residents at home. Physical restraint is acceptable providing it is proportionate and in the persons best interests, and to minimise risk to the person, which this incident appears to have been. A safeguarding investigation is ongoing. We strongly recommend that the organisation reviews staffing levels using a dependency tool whilst ensuring sufficient numbers to be enable the safe use of PBM techniques.

From observations made the staff team appeared to work well together with everyone appearing to know what their duties were for the shift. People could be assured that staff would deliver the best possible care. This is because we observed care staff attending to peoples care needs appropriately. Support was offered in a relaxed unhurried way; those who needed assistance were given it in a sensitive manner and in a way that maintained the dignity of the individual. Staff, were observed interacting with people with courtesy and respect.

People could be assured that staff had undergone full and satisfactory checks prior to working with them. We randomly selected the personnel file of three staff members working at the home. We found that all requirements had been met prior to the employment of the staff members There was evidence of appropriate supervision being undertaken for the individual within the guidelines of the National Minimum standards. Following feedback from the last inspection we identified that staff annual appraisals had been undertaken in April 2014.

People can be assured that staff who care for them are fully trained. This is because the training matrix provided displayed that initial and update training is undertaken. There was evidence of service user specific training in addition to mandatory training such as Mental Health, Autism and Epilepsy.

People can be confident that they will experience appropriate, responsive care from staff who are familiar with their individual needs. Observations and discussions indicated that staff had an up to date understanding of individual needs and how to manage difficult behaviours due to familiarity with the people who live within the home. When we spoke with people receiving care and were told that they felt that they had good quality support and were happy living in the home. They stated that the staff treated them well, and if they had any concerns they would tell the manager.

Quality of leadership and management

The registered manager was not available on the day of inspection. The nominated Responsible Individual was present for the duration of the inspection and was very helpful and knowledgeable. The home has achieved the Investors in People award and is currently working towards the 'gold' award.

People receive effective support from a service which can fully meet their needs; this is because overall we found that the service has been well designed to meet people's needs. Good quality care is provided. People using the service, working in the service or linked to the service are clear about what it sets out to provide. Staff spoken to said that the management structure generally provided good leadership at the care home, were accessible and easy to approach.

We read the statement of purpose and service user guide and found that people could be assured that the information contained was clear and gave a full picture of the service people could expect.

We found there to be a robust quality assurance system in place which demonstrated that this was a continually improving service. We read the most recent annual quality assurance report. A staff survey had taken place; customer satisfaction questionnaires had been sent out to relatives and professionals. People who use the service are consulted on their views of the service. We read through the reports from provider visits (Regulation 27) and found these to be appropriately detailed and generally carried out at quarterly intervals. There was evidence of quality audits, inspection of the environment and consultation with service users. The reports contained a column for actions to be carried out and there was evidence that any issues were acknowledged and addressed promptly. We were also informed that monthly medication audits and three monthly incident audits were carried out.

We examined a selection of the homes policies and procedures including Medication policy last reviewed February 2014, Meals & Nutrition policy reviewed February 2014 and Physical Intervention policy also reviewed February 2014. We recommended that the homes' policies, procedures and forms for recording incidents of physical restraint should be reviewed and brought inline with the Department of Health's July 2002 'Guidance for restrictive physical interventions: how to provide safe services for people with Learning Disabilities and Autistic Spectrum disorder'. It is also recommended that relevant paperwork is completed in a timely manner, following any incident of physical restraint, in addition to verbal reporting.

Quality of environment

People could be assured that the environment is kept clean and well maintained. During the visits we saw the communal areas, kitchen/dinner, lounge, bathroom, conservatory and the bedroom of one person currently living within the home. This person's bedroom evidenced individual personalisation with the individual's choice of decoration/possessions. The house was clean and odour free with plenty of communal space for people to participate in activities if they wished. People can be confident that they are able to live in a comfortable, warm and clean environment, which is suitable for their needs. People clearly feel a sense of belonging and ownership. People living within the home are encouraged to remain independent with as many aspects of their life as they are able. One person does their own cooking, cleaning and shopping with staff support.

We enquired with regards to an Environmental Health report and the Food Standards Agency rating and were informed that neither agency had visited the home and as such the home has not been awarded a food hygiene rating. The kitchen appeared to be clean and hygienic. We recommend contact is made with these agencies.

Following from last years inspection feedback we can confirm that remedial action was taken to highlight the step down into the laundry/boiler room and that the shower in bedroom 1 had been sealed at the shower base.

People living at the home can be assured that they will be safe in their environment because there is a record of maintenance checks. We looked at a random sample of certificates and found that all the checks had been completed including weekly fire alarm testing; fire extinguisher servicing and oil certificate. We saw a book to record all visitors to the home as a means of promoting the safety of the people staying there.

People can be confident that they are able to live in a comfortable, warm and clean environment, which is suitable for their needs.

How we inspect and report on services We conduct two types of inspection; baseline and focussed. 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.

- **Focussed 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. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed 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.