



Inspection Report on

Gelynnen Care Home

Carmarthen

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Description of the service

Gelynnen 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 three people living in the home.

The home is situated in the semi-rural village of Pencader and comprises of two modern linked semi-detached houses. The accommodation is over two floors. There are four single bedrooms, two have en suite facilities. There are good communal facilities, an enclosed rear garden, paved areas, and parking for vehicles to the front and sides of the premises.

The registered provider is Inspiration Lifestyle Services Ltd and Kim Bromley is the Registered Manager.

Summary of our findings

1. Overall assessment

People live in a positive environment where they are encouraged to make choices and decisions whilst protected from harm. We saw people actively engaged in the wider community supported by staff, that promote independence and understand their individual needs.

2. Improvements

All staff files personal files now include copies of the individuals' birth certificate. The complaints process now clearly states that complaints will be resolved within 14 days.

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.

1. Well-being

Summary

People are supported to achieve well-being through being provided with a wide range of opportunities to be active and involved in their community. Staff, have developed good relationships with people and are able to communicate using a range of communication methods.

Our Findings

People are supported to manage their individual needs. We looked at the records of two people living with challenging complex conditions. The records included detailed risk assessment and behaviour management plans. These referenced both proactive and reactive strategies. It included information such as what things people find difficult, early warning signs, avoidance information and post incident reflection. We discussed these with the registered manager, care managers and staff and found they accurately reflected the individuals. A health and social care professional told us that they *“receive regular updates on any incidents and changes” and are confident in the abilities of staff*. Case notes provided detailed information on how people accessed specialist professional support including psychologists, social workers and general practitioners. We saw a member of staff who encouraged a person in low mood to come out of their room, take a shower and get dressed. This was done patiently and with a great deal of sensitivity. We saw that this resulted in the person coming down from their room and discussing lunch options with the staff member. A family member told us *“we cannot describe how we feel about the home we are very happy”* and *“we can see the improvement when they come home”*. Therefore people are understood which means they are better able to cope with difficult events and situations. This results in an increased sense of confidence and control over their lives and decisions with effect them.

People are involved, participate and make choices on the activities they pursue. On arriving at the inspection we spoke to a person living at the home who was about to go cycling with a member of staff at a local bikeability scheme. They were very excited and told us they enjoyed this activity. In addition they attended a work placement in Ty Glyn garden centre. A family member told us that this continues to *“improve their communication”* and *“has made a real difference to their life”*. Another person attended a local college, and did so three days a week. At the college they attended a course which included skills regarding numeracy and literacy as well as cookery and landscaping. They had also enrolled with the college to undertake the Duke of Edinburgh Silver Award. In addition we saw a wide range of opportunities to develop skills and participate in both internal and external activities. We saw a memory board showing photographs of people involved in a range of activities. Activities in the community included bowling, cycling, hydrotherapy, cricket tournaments, short caravan breaks and visiting a local zoo. Within the home people enjoyed drawing, puzzles and board games. We saw a poster in the home promoting a Halloween party. The party had been arranged to celebrate Halloween with people invited from all the homes that the organisation provides care and support.

We were given copies of house meeting minutes which were attended by staff and people living at the home. These were arranged on a monthly basis and a range of topics

discussed. These included weekly menus, holidays, activities and maintaining the home. This demonstrates that people are supported to reach their full potential and feel they belong.

People are listened to and all attempts at communication are valued and promoted. The home uses total communication techniques to communicate with people living at the home. We saw photos on a memory board in a communal lounge. In addition a notice board in the kitchen detailed jobs for the day and menu options. These were both made available in pictures. Objects of reference signs or pictorial prompts were visible throughout the home. These included signs for areas such as the kitchen and toilet and reference to items such as the fridge and kettle. We saw information within individual files guiding staff on communication techniques. Staff also received ongoing training on effective communication techniques. Staff told us that they were confident in communicating with people and could access further guidance and training if required. A family member told us that staff positively challenged the person's ability to communicate. Which they told us "*they could clearly see when they come home*". This shows that people experience responsive care and support where their verbal and non-verbal communication is listened to and acted upon.

2. Care and Support

Summary

Overall people are safe because they receive proactive preventative care, and their wide range of needs are anticipated. This would be enhanced further by evidencing the outcomes achieved through the care planning and review process. People are supported by staff members who have a good understanding of person centred care and the requirements of the mental capacity act.

Our findings

People receive proactive care and support and early signs of deterioration, pain and ill health are recognised and acted upon. We looked at the records of two people living at the home. We found pre-assessment and admission information to be detailed and clearly recorded. There was information on the history of people including their likes and dislikes. This was captured in a useful document called “getting to know me”. We saw that paperwork was person centred, and reflected the goals and aspirations of the person. Care plans were detailed and provided clear guidance for staff. Reviews were carried out in specified timescales and included the person and/or family member in the review. However, this would further benefit from clearer recording of outcomes achieved by the individual during the period being reviewed. Risk assessment and behaviour management documentation were detailed and included a narrative of activities, health, mood and any potential risks and how these could be managed. We saw detailed information on incidents and changes communicated via a staff communication and incident book. These were signed by staff and monitored by senior staff. In addition staff, were able to access post incident support if required.

Deprivation of Liberty Safeguards (DoLS) standard authorisations, issued by the local authority were detailed, and took information from as wide a source as possible. This was to ensure the best interests of the individuals were achieved. We spoke to a specialist health and social care professional working closely with the service who told us that “*they are honest*” and are “*not afraid as a service to tell us when things are becoming difficult and further guidance and support is needed*”. The registered manager told us that an additional staff member had been introduced during the night. This was in recognition of the changing support needs of people. A relative told us that the care and support provided was “*excellent*” and they are “*always as flexible as they can be to ensure people get the right level of care*”. This shows that people receive the right care at the right time and in the way that they want it.

People are supported by staff who understand them and their health needs. People can be assured that medication is administered and recorded safely within the home. This is because we saw that Medication Administration Records (MAR) were accurately completed with no gaps in signatures and codes used where appropriate to explain why medication had not been administered. However the registered manager told us the system at the time of the inspection required staff to sign three times when administering “as required medication”. Staff had failed on a small number of occasions to sign the required three documents. We saw evidence that this had been picked up by senior staff and addressed within supervision and team meetings. As the requirement for three signatures may be

adding to staff confusion we recommended that the system for the administration of “as required” medication be reviewed in order to minimise the risk of error. This demonstrates that people are supported to be as safe and healthy as they can be.

3. Environment

Summary

People are living in a safe, secure, warm and well maintained home. However, the safety of people living in the home will be enhanced with the introduction of personal evacuation plans. The home had a relaxed positive atmosphere where people living at the home were treated with respect as individuals.

Our findings

People are supported in a well furnished comfortable home which reflects their individual tastes. The home was decorated to a high standard with staff working with people living at the home to ensure there was a personal touch. People’s bedrooms were individualised but sensitive to their behavioural needs. We saw a bedroom that had a range of football memorabilia on a football club that was closely supported by the individual. We saw that the two lounges within the home were well used. One lounge was well decorated with paintings and photos of people living at the home undertaking activities and visiting places of choice. There was also a range of games and puzzles that the registered manager told us were used on a regular basis. The other lounge was more sparsely decorated for those people who preferred this. There was also a large garden area that included a well maintained lawn and summer house. We were told that the summer house was often used in the warmer months. We spoke with two family members. One told us *“it’s such a happy home we cannot describe how positive we feel about the home”*. The other told us *“it’s a wonderful environment and so positive”*. The outcome is that people feel included, uplifted and valued because they are supported in a personalised environment that is appropriate to their individual needs.

People can be confident that appropriate steps have been taken to protect them from risk. When we arrived at the home we were asked to introduce ourselves and to show personal identification. In addition we were requested to sign a visitor’s book. The CSSIW registration certificates and Employer Liability Insurance certificates were clearly displayed in the hallway. We were shown a maintenance reporting book that evidenced good reporting of maintenance faults.

People can be assured there are appropriate prevention and protection measures in an event of a fire. We saw evidence of effective safe systems of work in relation to fire, however, these will be enhanced by the personal evacuation plans that the registered manager was in the process of introducing. People therefore are supported in a safe, secure and well maintained environment.

4. Leadership and Management

Summary

The leadership and management have embedded a culture of support and continuous improvement within the service. They take into account the views of people, staff, family

members and professionals in ensuring the service continues to develop. All staff are valued and supported with opportunities provided to develop their knowledge and skills.

Our findings

People receive care and support from a service which sets high standards and is committed to quality assurance and constant improvement. We saw that the organisation places great emphasis on ensuring a high quality service is maintained. We saw a range of quality assurance practices in place. These were carried out by both the registered manager and the responsible individual. This included quarterly performance reviews based on a range of operational activities and carried out by the registered manager. Also quarterly unannounced monitoring visits carried out by the responsible individual taking a more strategic viewpoint. A formal evaluation of the service was completed on an annual basis. The registered manager told us that the senior management team as part of their continuous improvement ethos meet on a quarterly basis. The meeting included sharing information and good practice as well as scrutinising statistical information. We were told that the service user guide was under review and would be made available in a pictorial format. Communication with, and feedback from, key stakeholders including people living at the home, family members and health and social care professionals were a key ingredient in all quality assurance practices. Therefore there is a strong commitment to, and evidence of, driving continuous improvement within the service for the benefit of people living in the home.

People can be confident that they will be supported by motivated staff, that want to make a positive difference to peoples' lives. The registered manager told us that the complexity and changing needs of the people living at the home had placed additional pressures on staff. However, staff had worked effectively to meet the changing needs of people and had continued to place people at the heart of the service. Staff told us that their role "was at times challenging but enjoyable" and felt that the combined efforts of the team had "*got them through the difficult periods*". We saw that there was a "can do" ethos within the home. Staff freely approached the registered manager and a plan of action agreed. Staff told us that the registered manager was "*very supportive and approachable*" and they were "*hands-on and go the extra-mile*". We saw there was sufficient staff on duty and that rotas were made available to staff in a timely manner. On-call management arrangements were good and staff told us they felt supported out of normal working hours.

We saw a good system for staff supervision and annual appraisal. These were carried out by the registered manager and the deputy manager. Supervision notes were detailed and evidenced good support, two way dialogue and direction from the management team. One staff member told us that supervision was "*regular and a positive experience*" and another said that they felt that "*these meetings always helped*". In addition we saw that staff meetings were arranged on a bi-monthly basis. All staff felt that team meetings were beneficial and told us "*we are encouraged to set agenda items*" and that "*team meetings were open and honest*". There was evidence of good communication both on an internal and external basis. The home as part of a wider organisation shares information and celebrates success through team meetings and regular newsletters. We saw a "rate a mate" initiative, which provided opportunities for staff to nominate the good work of a colleague. This was then included as an article within the newsletter. We were confident that on an external basis communication is good. This is because we saw regular communication with health and social care professionals. This was evidenced through daily

case notes and reviews and through discussions with the registered manager. In addition a health and social care professional told us that *“they had a huge amount of confidence in the staff”* and *“that they are very well trained”*.

People can be confident that they will be supported by staff that have been fully inducted into the service and are appropriately trained. We examined the recruitment records of two employees; each one confirmed that all the checks we required to have in place had been processed. The training records demonstrated that all staff had completed mandatory training as part of their induction. Both the registered manager and deputy manager had completed the Level 5 Diploma in Leadership for Health and Social Care (QCF). A high percentage of staff (75%) had completed or working towards completing QCF Level 3 in Health and Social Care, while the remaining staff were waiting to be enrolled. In addition a number staff had attended specific training courses to reflect the needs of the people they supported. This included positive behaviour management, autism and training on the mental capacity act. We also observed that the service used a mixture of ELearning and a classroom based approach as a method of training and development. This shows that staff are well-led, supported and well trained in order to ensure they can effectively meet the well-being of people living in the home.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

We notified the registered provider at the previous inspection that they were non compliant in the following areas, these have since been addressed:

- **Records (Regulation 17.2)** – At this inspection, we were satisfied that the regulations were complied with. We saw two staff files that included copies of the individuals' birth certificates.
- **Complaints (Regulation 23B)** – At this inspection, we were satisfied that the regulations were complied with. We saw an updated copy of the complaints process that clearly stated that complaints would be resolved within 14 days.

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

We recommend:

- The registered persons consider developing a clearer outcomes recording system within the support and care plans for people living at the home. This would provide good evidence in measuring the difference made to the lives of people living at the home.
- The registered persons to consider reducing the amount of staff signatures required when administering as required medication.

6. How we undertook this inspection

We (CSSIW) carried out a full inspection of the service looking at the four themes. The following methodologies were used to inform the inspection.

- Discussion with the registered manager;
- Discussions with four of the care staff;
- Feedback from family members of people living at the home;
- Feedback from both social care and health professionals using the service;
- Analysis of the statement of purpose;
- Analysis of the service user guide;
- Observations;
- Tour of the home and surrounding gardens;
- An inspection of two staff files (including recruitment & induction records);
- An inspection of two files of people living at the home (including care/ support plans, risk assessment documents and medication administration charts) and
- An inspection of policies and procedures;

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	Inspiration Lifestyle Services Limited
Registered Manager(s)	Kim Bromley
Registered maximum number of places	4
Date of previous CSSIW inspection	13/10/2015
Dates of this Inspection visit(s)	20/10/2016
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	