



## Care and Social Services Inspectorate Wales

### Care Standards Act 2000

#### Inspection Report

#### Gelynnen Care Home

**Type of Inspection – Baseline**  
**Date(s) of inspection – 7 April 2014**  
**Date of publication – 9 May 2014**

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## Summary

### About the service

Gelynnen Care Home is registered with the Care and Social Services Inspectorate for Wales (CSSIW) to provide accommodation and personal care for up to four people with a learning disability who are between the age of eighteen and sixty-four.

The care home is in the village of Pencader, Carmarthenshire. The provider of the service is Inspiration Lifestyle Services Ltd and the responsible individual is Sandra Richards-McNally. The registered manager, who has day to day responsibility for the management of the home, is also Sandra Richards-McNally. She is supported in this role by a manager designate (deputy manager).

### What type of inspection was carried out?

We (CSSIW) carried out an unannounced baseline inspection as part of our schedule of inspection for the year 2014/2015. The inspection took place between the hours of 10:00 and 15:30 on 7 April 2014. The following evidence was used to compile this report:

- Inspection of two care files and medication administration records
- Inspection of accident records, menus and activities plans
- Examination of two staff personnel files and supervision records
- Looking at the staff training matrix
- Reading the daily diary and staff communication book
- Inspection of a selection of policies (detailed in the main body of the report)
- Inspection of the quality assurance report and provider visit reports
- Reading the statement of purpose and service user guide
- Talking with service users, staff, the registered manager and manager designate
- Visual inspection of the premises and safety certificates

### What does the service do well?

People living at Gelynnen were supported to lead fulfilling and active lives through good communication with staff about what activities they enjoy or would like to try. This was because staff had a good understanding of the individual needs of people living at the home and had the skills to support them to achieve their full potential.

### What has improved since the last inspection?

We were not aware of any service improvements since the last inspection.

**What needs to be done to improve the service?**

We did not issue any non-compliance notices. However, the following good practice recommendations were discussed with the registered manager.

We discussed that the service was not always compliant with Regulation 38 (1). This was in relation to notifications to CSSIW of events within the home. Notifications are required 'without delay' in relation to events which may affect the well being of service users, where there has been staff misconduct, etc. There had sometimes been an unacceptable delay in notifications being completed and received by CSSIW. This was acknowledged and it was agreed that this would be addressed. We did not issue a non-compliance notice.

We recommended that the provider quality visits should take place every 3 months, as set out in Regulation 27. We found there had been a gap from October 2013 to March 2014. However, we found that previous visits had been undertaken at quarterly intervals and we did not issue a non-compliance notice.

We made a recommendation that the registered manager remind staff to be vigilant when filing documentation in care files. This was because we found information in a care file, which related to another service user and was a breach of confidentiality. National Minimum Standard 10.3 states that staff should ensure *service users' individual records are accurate, secure and confidential*. This was addressed immediately by the manager designate (deputy manager).

Due to the complexity of residents at the home, it would be good practice for the registered manager to be in attendance at the home for a minimum of five days per week, rather than the current two to three days. If she does not intend to increase the time spent at Gelynnen Care Home, CSSIW recommends that an application is submitted without delay to register the manager designate (deputy) which we were informed was the future plan.

Recommendations were discussed in relation to the importance of ensuring compatibility of people admitted to the home and the suitability of the environment to meet people's needs.

## Quality of life

We (CSSIW) found that people living at Gelynnen benefited from a detailed pre-admission assessment. This was important as it meant that consideration was given to whether the service could adequately meet the needs of people prior to them moving into the home. Care plans and risk assessments were appropriately detailed and person centred. Regular monthly care plan reviews were found to be carried out to ensure staff had the most up to date and relevant information. This meant that staff were able to carry out their role with a full knowledge of each person's individual needs, likes and dislikes. We found two pieces of information that related to one service user in the file of another person. This was highlighted and addressed immediately with assurance that staff would be reminded to be more careful when filing confidential documentation in care files.

We inspected two care files and it was clear that people were well supported to maintain good health through regular appointments with a range of health and social care professionals. These included appointments with optometrists, psychiatrists, GPs, etc. We found there was specialist information available for staff where necessary in relation to specific conditions such as diabetes. We found risk assessments to be clear and concise, enabling staff to be aware of what the risks were and any guidance necessary. Behaviour management plans were comprehensive, detailing early warning triggers and clearly alerting staff of the appropriate action to take. All staff were trained in Positive Behaviour Management which enabled them to deal with any challenging behaviour in the most appropriate manner with the minimum of physical intervention whenever possible.

We found that people could be assured that staff were appropriately trained to support them with the administration of their medication. The medication policy was clear and instructive for staff and we found Medication Administration Records (MAR) to be appropriately and accurately completed, with all necessary personal information included. An up to date photograph was attached to each person's MAR.

Four people were living at Gelynnen at the time of the inspection, although one person was currently in hospital. One service user was feeling under the weather and chose to stay in bed. Staff respected this decision, while continuing to ensure she was ok and encouraging her to take her medication, to eat and drink. Another person was out at a care review but later returned to the home and was happy to speak with us. A third person was going out on a family visit but briefly spoke to us prior to the outing. The people we spoke with told us they were happy living at Gelynnen and that the staff supported them in making choices and participating in a range of activities. People living at Gelynnen Care Home could be assured that they would be supported to lead a fulfilling and purposeful life with opportunities to experience a diverse range of activities of both a domestic and social nature. One person told us how much they enjoyed cooking and that the staff supported her to make the things she liked. Another person showed us their bedroom which was individually personalised and very much reflected his particular interests and hobbies. He also showed us a photograph album with pictures of him participating in a lot of different and challenging outdoor activities which he enjoyed, including climbing, cycling and geocaching. We observed a good rapport between staff and service users.

We found that people living at the home were supported to have a voice and were consulted on decisions about their care. We saw minutes of regular service user

meetings where actions were set to address any issues raised or suggestions made. We were also aware of consultation with service users and their relatives as part of on-going quality assurance. Our observations on the day informed us that staff respected people's rights and choices.

## Quality of staffing

We inspected two staff personnel files and found that people could be assured that Inspiration Lifestyle Services Ltd had a robust recruitment process to ensure the selection of the most appropriate staff. We found all expected documentation in line with Schedule 2 of the Care Homes (Wales) Regulations 2002.

We found evidence that references had been sought from at least two people and that disclosure and barring service (DBS) and identification checks had been carried out appropriately. Up to date DBS certificates were maintained in a separate file in the office which we looked at and found all certificates to be in date, with one application currently in for a renewal. We saw evidence that where necessary the provider sought declarations of second jobs to ensure compliance with the working time directive. People could also be assured that if it became necessary for the manager to follow the disciplinary procedure, that this would be done robustly and documented thoroughly. We examined the disciplinary policy and found this to be clear and easy to follow.

People using the service could be assured that staff had been trained appropriately. We looked at the staff training matrix and found all staff mandatory training was up to date. All staff had been trained up to at least NVQ level 2 or were currently undertaking the course. In addition to expected training, staff were able to attend specialist training courses for example on diabetes care, autism awareness, epilepsy awareness and mental health. We were informed that where appropriate, service users were able to attend some of the training which had been beneficial in terms of their own personal development.

Induction training was held over two weeks and undertaken alongside hands on care in the home under supervision of a team leader. The induction was in line with the Care Council for Wales Induction Framework.

Staff we spoke with told us that they were happy in their work and felt appropriately trained and skilled to carry out their role effectively. We found staff supervision was up to date and carried out at regular intervals of four to six weeks. Supervision notes were informative and it was clear to see that supervision resulted in actions to be carried forward which may include training and development for staff.

Staffing levels were good and all residents were 1:1 during waking hours. At night there was one male and one female staff member on duty, one of whom would be on a sleep in shift.

We were present during a staff handover and it was clear that staff had a very good knowledge of the individuals they cared for, their personalities and behaviours. As well as a verbal handover, staff were expected to brief themselves when coming on shift by reading the staff communication book and daily diary. We looked at both of these items as part of our inspection and found them to be very informative tools ensuring all staff were able to catch up easily on any relevant information prior to starting their shift.

Staff lockers were provided to enable staff to have somewhere to keep their personal belongings safe while on duty.

## Quality of leadership and management

The registered manager was not available on the day of inspection but did ring to discuss the visit with us during the day. The manager designate (deputy) was present for the duration of the inspection and was very helpful and knowledgeable. We had some concern that the registered manager generally only attends the home 2-3 days per week. Due to the complexity of residents needs we recommended that it would be good practice for her to be there a minimum of five days, although she informed us that she is in contact with the home daily.

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. The statement of purpose clearly stated what could and could not be offered. The document stated that the service could *“provide care for challenging adults who experience difficulty in finding placements”*. It also detailed that people with offending behaviour would not be excluded.

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 up to date annual quality assurance report. A new report was currently being worked on. A staff survey had taken place in March, customer satisfaction questionnaires had been sent out to relatives and professionals. People who use the service are consulted on their views of the service and we saw copies of minutes from the monthly resident meetings. 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 and Regulation 38 audits were carried out.

There were two policy files, one for health and safety policies and one for human resource polices. We inspected a selection of documents, for example, the medication policy, infection control, dealing with violence and aggression, whistle blowing and disciplinary policy. We also had a look through the staff handbook. We found all documentation to be comprehensive but user friendly and very clear.

We discussed with the manager designate (deputy) and registered manager that there was sometimes a delay in Regulation 38 notifications to CSSIW being completed and sent to us. We highlighted that the Regulation states that notifications must be submitted ‘without delay’. It was acknowledged that the process had been delayed when the registered manager or deputy had not been available to sign the documents. We suggested that this could be delegated to team leaders in the absence of the manager, provided the manager was made aware of the need to submit the notification.



## Quality of environment

When we arrived, we were asked to sign in to the visitor's book. We found that people living at Gelynnen Care Home could be assured that they would be living in a clean, bright and modern environment. The registered premises comprised of two modern semi detached houses which had been internally restructured to form one property. There was accommodation over two floors with four single bedrooms, two of which were en-suite. There was an office upstairs on one side of the house and a staff sleep in room/office of the other side. There were two bathrooms upstairs, two cloakrooms downstairs, two communal lounges and two self contained kitchens.

Although the staff team worked across the whole house, due to the lay out of the premises, we found it did feel like two separate homes. There were two male residents on one side and two female residents on the other side. However, in terms of encouraging people to become more independent and to enhance their domestic skills and activities of daily living, this was considered to be positive. Indeed, on the day of inspection, one resident had been to a care review and it had been agreed that he was ready to move into supported housing.

We found that people could be assured that the home was clean and free from offensive odours. There was a good level of adherence to infection prevention and control. Bathrooms were free from extraneous toiletry items; liquid soap was available, as were paper hand towels. We saw signs advising on appropriate hand washing techniques and information on food poisoning from cross infection. We also found protective gloves available and saw staff using these. Waste bins in bathroom areas were pedal opening to enable the prevention of cross infection. Kitchens were very clean and there were colour coded knives and chopping boards for different food types. Knives were kept locked away for the safety of the service users and staff. Hazardous chemicals were also locked away.

We found emergency fire extinguishers in place (apart from one which had been pulled from the wall by a service user) and emergency lighting available. We found that these had been inspected appropriately. We saw evidence of regular fire drills being carried out with staff and residents.

An information board downstairs displayed copies of the home's registration certificate, indemnity insurance, code of practice for social care workers, health and safety information and details of an advocacy service.

We were told that weekly health and safety checks were carried out to identify any necessary maintenance. The maintenance personnel for the company were then contacted to book a date for attending the home.

People living at the home benefitted from a large and private garden area which was well maintained. We enquired about future plans for the premises and were informed that there was a gardening project with plans for seating areas, raised beds, a barbeque and quiet areas.

We found that people could be assured that the home was well maintained. We saw evidence of safety certificates which were all in date. These included certificates for the testing of fire equipment and emergency lighting, certificates for the disposal of clinical waste, etc. We asked about electrical testing (PAT) as we could not find the certificate. We were told this had just taken place in March 2014 but the electrical company had not

included a list of items tested and so the certificate had gone to head office for them to chase up the list.



**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.