



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

Inspection Report on

Ceiriosen Bren Care Home

Cardigan

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Description of the service

Ceriosen Bren is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care to up to four people with a learning disability. At the time of the inspection there were three people living in the home.

The property is a large five bedroomed detached house located in rural area with a small hamlet of houses. There is a nearby shop and bus stop for people to use.

The registered provider is Inspiration Lifestyle Services Ltd and the registered manager is Gillian Donald.

Summary of our findings

1. Overall assessment

People living in the home are supported to participate in activities that are meaningful to them, by a team of staff who are both motivated and well-led. We found the home to be clean and well maintained and afforded people a degree of choice and independence.

2. Improvements

At the last inspection on 5 July 2016, there were no non compliances issued but the provider was asked to review the format of the quality report. We saw the most recent report was suitable for the target audience.

3. Requirements and recommendations

Section five of this report sets out the actions the service provider needs to take to ensure they meet their legal requirements and recommendations to improve the quality of the service provided to people living in the home.

1. Well-being

Summary

Staff make every effort to ensure that people's choices are met. People are also able to choose how they spend their time.

Our findings

People are safe and protected from abuse. This is because all of the staff we spoke with were able to tell us the action they would take if they suspected a person was at risk or was being abused. Staff also told us they felt able to raise any concerns they had about a person's safety. People were able, if they chose, to lock their bedroom doors and those locks could be over-ridden by staff if necessary. There was free access to the garden which appeared safe and free of any hazards. We saw that support plans contained the staffing requirements to maintain people's safety both within the home and within the community.

We also saw that staff were trained in the management of challenging behaviour but staff told us that restraint was only very rarely used. We could not see any record of restraint having been used in the last month and staff told us hands on restraint had not been used for over a year. When people became agitated or distressed, this was effectively managed by engagement and distraction techniques to try and prevent an incident from accelerating. We saw that applications had been submitted for people in respect of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) and some authorisations had been granted. However we saw there were few restrictions placed on people, with the external door being left unlocked throughout the day and people having free access throughout the home.

We are satisfied therefore, that people's rights are maintained and the measures put in place to maximise people's safety is proportionate.

People can do things that matter to them. We saw that people participated in a range of activities including:

- Dog walking at a local rescue centre
- Attendance at college
- Member of local football teams
- Helping in the home
- Swimming
- Playing pool
- Reflexology
- Shopping

One person told us they like to help out in the home and has responsibility for making sure the home is safely locked up at night. They told us they helped with the cleaning and laundry. Another person helped with meal preparation and staff were proud of their achievements in relation to this as when the person arrived at the home they were unable to prepare any food but was not able to cook an entire meal.

One person proudly showed all of the medals and trophies they had won at football; darts and cricket.

People are involved in the running of the home and can feel valued. This is because we saw the minutes from residents meetings which showed that people's opinions were sought about the running of the home. We were told that although people were not involved in staff recruitment, they were invited to meet with prospective staff and their opinions about those prospective staff were considered. These showed that people's potential is maximised through the support from staff.

People are mostly content and happy. One person told us they didn't like living in the home but this was because they wanted to live with their family. Another person said the home was "*a nice place to live*". All of the people we spoke with agreed that staff were kind to them and we observed interactions to be friendly and patient. People were keen to show us their bedrooms and we saw these had been personalised. People appeared very relaxed within the home and were keen to make us cups of tea. Most people described the others they lived with as nice, and said they all got on well together. We were told that one person had previously exhibited very challenging behaviour but since being at Ceriosen Bren, the number of adverse incidents had reduced and this was attributed to the attitude of the staff together with the compatibility of the people living there.

People can, therefore, be confident that staff are motivated to ensure that people are as happy and fulfilled as they can be.

2. Care and Support

Summary

People's range of care and support needs are effectively met by a team of staff who are both motivated and effectively led.

Our findings

People are supported to be as healthy as they can be and they receive proactive and preventative care. This is because people attended dental and opticians appointments regularly. Staff administered all medication and people we spoke with trusted the staff to give them their medication in accord with their prescription cards. We saw that meals were prepared using fresh ingredients and staff told us they were wholly satisfied with the quality of food bought. People were encouraged to exercise choice with regard menu choices and staff had, over time, come to know what people liked and disliked. Support plans demonstrated that people's diet was varied and generally healthy. People were encouraged to store their chocolates and other treats in their locked cabinet to discourage them from eating them too quickly. The dining area had enough space for all people to eat together if they so chose. People had access to snacks outside of meal times to ensure they were not hungry.

We saw that people were reviewed by health professionals including a psychiatrist and GP. Staff completed a review of people every three months and the review looked at areas including the person's sleep pattern; any incidents; use of as required medication and activities participated in. The report was useful in identifying both changes in people's needs, and any progress made against goals.

These demonstrate that people can be confident they receive appropriate care and support to meet their needs.

We are satisfied, therefore, that people's dietary and physical health needs are met by staff who understand the importance of good nutrition and physical well-being.

People feel they matter because staff show due regard for their privacy and dignity. We observed staff interacting with people in a relaxed and friendly way. Most people were able to meet their personal hygiene needs either independently or with encouragement from staff, and staff were able to articulate the practical steps they took to ensure people's privacy and dignity if they required any such assistance.

People can, therefore, be confident their privacy and dignity needs are met by caring staff.

Each person has an Individual Support Plan as well as a folder where daily activities and observations are recorded. Staff told us they found the care records helpful and had time to read them. We saw that information was detailed and personalised and entries were mostly written in a person centred way. However we found the records sometimes difficult to navigate and find the most up to date and relevant information. We discussed this with the registered manager who said that the provider had already recognised that improvements could be made to support plans and records and that consideration was being given how to do this. Staff we spoke with demonstrated a good knowledge of the people they supported and were confident they had the information needed to meet any changes in people's

needs. One person told us they had a copy of their support plan and had helped to write it. Staff told us they felt confident they had the up to date information about people in order to most effectively meet their needs. We looked at medication charts and saw that “as required” medication was given very infrequently, which confirmed the comments made by staff that they try other techniques to prevent or diffuse challenging behaviour without recourse to medication or the use of restraint.

From our observations, together with the information provided by staff; people and care records we consider that people can be confident their care and support needs are recorded; understood and met by staff.

3. Environment

Summary

The home is well maintained and comfortably furnished to enhance people's quality of life and well-being.

Our findings

People live in a safe, clean and well maintained environment. Visitors were required to sign a book so that staff knew who was in the home at any time. People's bedrooms were large with enough space for a sofa to enable people to comfortably spend time in either their rooms or in more communal areas of the home. We saw the home was in good decorative order and furnishings and fittings were in a good state of repair. However we noted that the flooring in the downstairs en-suite was coming away from the floor but because of its position, it was unlikely to be a trip hazard for the person using the shower. People living in the home and staff had shared responsibilities to maintain the cleanliness of the home and we noted this was done to a good standard. One person we spoke with was proud to tell us how they were responsible for mopping the floors and did this task willingly. One person took responsibility for locking the home up at night, to maximise people's safety, and then unlocking the doors in the morning.

Staff told us they were satisfied with the quality of cleaning products they had and we noted these were kept locked in clearly marked cupboards.

The location of the home means that people are able to access community activities. This is because there was a bus stop a short walk from the home to take people to the nearby large towns. In addition, the home has use of a vehicle which can be driven by staff to take people to where they want to go.

People have access to well maintained outdoor space. We saw the garden was well maintained and safe for people to use with easy and free access from the house.

There were governance arrangements in place to ensure the physical environment was safe, for example, we saw staff checking the smoke detectors, a job that was done weekly by staff, as well as checks of the environment including window restrictors; lighting and furniture to ensure these were all in good working order and safe.

Therefore, from our observations, together with what people told us and the records we reviewed, we consider that people can be confident the provider ensures the physical environment is maintained to a good standard and is safe.

4. Leadership and Management

Summary

Quality is monitored through robust and effective governance arrangements which ensures that services are both safe and effective.

Our findings

There are robust governance arrangements in place to monitor the quality of the service. We saw there was a detailed report produced by the registered manager on a quarterly basis which considered areas including the environment; care plans and care reviews; training and staffing issues.

Staff told us they felt able to raise any concerns or ideas with the managers and were confident of a helpful and timely response.

In addition to the formal quality monitoring, we were told the provider visited the home on a regular basis and care staff had responsibilities for carrying out checks within the home to ensure the required standards were being met and facilities were in good working order.

A detailed Quality Assurance Report was available and this contained information about the newsletters produced; activities people participated in and a summary of people's views about the service. The report showed that 90% of people felt they could talk to staff when they wanted to and 95% felt that staff showed them respect.

Therefore, from our observations, together with the information provided by managers and staff we are satisfied that people can be confident they are supported by a service which has a focus on quality.

People benefit from a service where the well-being of staff is given priority and staff are well led; supported and trained. This is because we saw the training matrix for staff and noted that most training was up to date. Some staff were in need of food hygiene training and some required safeguarding training but the training administrator was aware of the gaps and was in the process of arranging such training. Staff told us they were never asked to carry out any tasks they did not feel confident or competent to do. Staff told us they felt well supported and one staff told us how the provider had accommodated their request to work flexibly to assist with child care. One staff file demonstrated that another member of staff had also requested to work flexibly and this was accommodated. All of the staff told us they felt valued by the managers of the service with one staff member describing the registered manager as "*brilliant, the best manager I have had*". We saw that supervision was carried out in accord with the National Minimum Standards and staff told us they found the supervision process to be helpful, with areas of practice they did well, as well as those where improvements could be made, were discussed to help with their professional development. Staff told us they considered they had a strong staff team with one staff member saying they felt the team was "*developing into a really strong team*" and another described the staff as "*a well oiled team*".

These ensure that people are supported by staff who are competent and effectively managed.

Staffing levels ensure that people's needs are met. This is because staff told us that activities were very rarely rescheduled due to staffing shortages and we saw care records showed that people spent time away from the home on a regular basis. The registered

manager told us that she was able to carry out care duties if necessary to ensure that people participated in their chosen activities and that staffing levels were maintained. We saw people spending time away from the home and we observed people being supported by staff in a relaxed and unhurried way. Staff told us they worked additional hours if requested and if they felt able to take on additional duties, but they did not feel the additional hours were excessive, nor did they feel compelled to take on additional hours. This means that people can be confident they are supported by a service where best use is made of resources.

Staff are appointed following a robust recruitment process. This is because we saw that each file contained the required number of references; checks had been completed and risk assessments carried out where necessary. However we saw that in two of the files, the employment history was not always complete as only years had been recorded, which could have meant the person had a gap in their employment, and in one instance there was a gap which had not been accounted for. We discussed this with the Human Resources manager who agreed to consider this and to ensure that any gaps were accounted for to ensure that the provider had a full and complete employment history for all staff.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

- Consideration is given to reviewing care records to ensure that staff have easy access to relevant and the most up to date information to enable them to most effectively support people.
- Staff files to contain a full employment history and any gaps are accounted for.

6. How we undertook this inspection

We undertook a full inspection of the service looking at the four themes. The methodology used at this inspection included:

During the inspection we spoke with the following:

- Three people;
- Three staff;
- The registered manager and the provider.

We looked at:

- Two care records of people living in the home;
- Four staff files;
- The annual quality report;
- The Statement of Purpose
- The Service User Information Guide
- Completed questionnaires from relatives and staff.

In addition, we

- Toured the property;
- Observed care practices and interactions between staff and people.

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	Gillian Donald
Registered maximum number of places	4
Date of previous CSSIW inspection	5 July 2016
Dates of this Inspection visit(s)	21/11/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No. None of the people living in the home were welsh speakers
Additional Information:	