



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

Inspection Report on

Allt y Mynydd Care Home

**Allt y Mynydd
Llanybydder
SA40 9RF**

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Description of the service

Allt y Mynydd Care Home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide nursing and personal care for up to 44 people aged 65 years and over. Of the 44 places, up to 20 are available for people aged 65 years and over living with dementia / mental infirmity requiring personal care and one place for a younger person 18 to 64 years requiring nursing care.

The home is registered by Ashberry Healthcare Limited, there is a responsible individual in place and Mrs Aime Porter is the registered manager with day to day management responsibility.

Summary of our findings

1. Overall assessment

People living in the home are supported by a dedicated manager and staff team that have a good understanding of their needs and what is important to them. We found that people's choices were respected and that staff were professional, well trained, motivated and respected by those living in and people visiting the home. Further work is required, however, to ensure the language needs of the people living in the home are better reflected and promoted.

2. Improvements

- People and / or their representative are now being involved in the assessment, planning, implementation and review of their care where this is possible.
- Staff were receiving supervision within the required timescales.
- The Statement of Purpose for the home has been updated to meet the requirements of Regulation 4 (1) (a) (b) (c), Schedule 1 of the Care Homes (Wales) Regulations 2002.
- The Service User Guide for the home has been updated to meet the requirements of Regulation 5 (1) (a) (b) (c) (d) (e) (f).

3. Requirements and recommendations

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

1. Well-being

Summary

People are supported to achieve well-being through being supported with opportunities to make choices and be active in an environment that respects their dignity and individual needs and choices. However, further work is required to ensure that the service better meets and supports people to communicate in the language of their choice.

Our findings

People are encouraged to be involved in activities and have opportunities to socialise and follow interests. One of the activity co-ordinators told us (CSSIW) that there were a range of activities and events available for people to join including:

- crafts and painting;
- visiting choirs;
- celebration parties;
- bird of prey displays;
- trips out to the local community;
- entertainers;
- cake decorating;
- pet therapy;
- visits to the on site café;
- exercise/ floor games;
- pampering;
- church services;
- yoga and
- board games.

They also told us that people who are cared for in their own rooms are offered activities including; use of sensory equipment, manicures, adapted games, chats and reading books and newspapers. Records are kept by the activity co-ordinators around the activities held and a description of how people had interacted and responded to the activity. We also saw a photograph album in the main reception that had many pictures of people participating in a range of activities. One person told us *“there’s always something going on!”*

We can conclude that people are feeling fulfilled and have opportunities to live an active life of their choice.

People are able to communicate in Welsh as we heard care workers speaking with people in Welsh and English. One person told us *“I speak Welsh to some of the carers”*, another person said *“there’s quite a lot of Welsh spoken here”*. Whilst people are encouraged to and engage with staff in Welsh it was noted that there was a lack of bilingual information and signage readily available for people. During discussions with the registered manager this shortfall was recognised and assurances were given that this would be addressed.

This shows that whilst people are able to communicate in Welsh, further work is required to ensure that the service better meets and supports people to communicate in the language of their choice.

2. Care and Support

Summary

People are cared and supported by competent staff that have a good understanding of their individual needs and treat them with respect and kindness.

Our findings

People are supported by staff who understand them and their health and care needs. During conversations with three relatives they told us that; *“this is a great home, my father has made good progress since moving in here, he is well cared for and the carers understand him”* and *“my mother is well cared for by the carers, they (the carers) take a keen interest in getting to know her to make sure they do the best they can for her”*.

We observed a care worker supporting a person who was becoming a little distressed. The care worker was seen calmly talking to and reassuring the individual. The care worker put their arm around the person’s shoulder and then accompanied them to a communal lounge. We saw the person become less distressed, smile and start to talk to the care worker. We also observed two care workers supporting a person to safely move from their wheelchair to an armchair in a communal lounge using moving and handling equipment. Throughout the procedure the care workers supported and reassured the individual. When the person had been transferred to the arm chair the care workers made sure the individual was comfortable before leaving them. During a conversation with the care workers they advised us that they had attended moving and handling training and confirmed the size of sling that was to be used to transfer the individual. Examination of staff training matrix and the persons care records corroborated the conversation with the care workers.

During conversations with care workers they were able to provide us with details of the people they cared for, how they presented and some of their personal histories; this was corroborated when we read the individual’s nursing and care records. Care plans and associated risk assessments were seen to have been reviewed regularly. We also noted that a range of professionals had or were involved in people’s care including; GP, district nurse, optician, dietician and chiropodist. There was also evidence in the care records that the individual and/or their representative were involved in the review of their care.

We also looked at medication documentation, how medicines were stored and how they were administered. We found that the documentation was well maintained with no errors noted on the medication recording sheets (MAR), medicines were correctly stored and we observed staff safely administering medication. We also checked two controlled drugs that demonstrated that the number of medications documented in the controlled drug register corresponded with those stored in the medication cabinet and all entries in the register had been signed by two members of the nursing and teams.

We therefore consider that people’s health and care needs are being met.

People are treated with dignity and respect and have their individual identities and routines recognised and catered for. Throughout the period of the inspection we saw care workers positively interacting and supporting people in a kind and caring manner. We also saw care workers knocking on people's bedroom doors prior to entering.

People told us that they could get up and retire when they wanted and that there were always choices available at meal times. One person told us *"there's always a choice of meals, I can have what I want"*. During a discussion with a member of catering staff they told us that they always tried to provide what individuals *wanted*; *"one person loves smoked haddock so I make sure there is a supply for her"*. We saw that there were a range of meal options available and we were shown the rolling menus that corroborated this. We noted that people's individual dietary needs were catered for and cakes were made for people to celebrate their birthdays.

This shows that people are treated with respect and have their individual needs and routines recognised and respected.

3. Environment

Summary

People are living in a safe, clean and comfortable home that meets people's individual choices and needs.

Our findings

People live in a safe and secure environment. On arrival and departure from the home we were required to sign the visitors' book, there were security key pad systems on doors and restrictors to the windows on the first floor.

A visual check of moving and handling and bathing equipment demonstrated they were being serviced within the required timescales, were clean and in working order. Moving and handling slings were also checked and we did not see any fraying or damage to the fabric. We also looked at the home's service history and health and safety file which confirmed the servicing of the moving and handling equipment. Emergency pull cords were seen to be freely hanging and accessible in communal toilets, bathrooms and individual bedrooms. When we requested a person to activate their emergency alarm in their bedroom, we found that it was responded to in a timely manner by a care worker.

We also noted that fire fighting equipment throughout the home had been serviced within the required timescales. Examination of care workers training records demonstrated that they had attended fire, moving and handling and COSHH training.

This shows that equipment and facilities are well maintained and that the environment contributes to people's safety.

People live in a comfortable home that is clean, homely and has a personalised environment. During a tour of the home we saw that, where people had chosen, their bedrooms had been personalised with small items of furniture, pictures, paintings and ornaments. We also saw that corridors had been decorated to promote interaction, stimulation and interest and people's bedroom doors had displays of pictures to reflect the person including; dogs, a farming scene, animals, villages, a piano and farm machinery.

People we spoke to told us that they were happy living in the home, one person told us "*it's lovely*" another person told us "*this is my home*". A relative told us "*it's a homely home*". We also noted that the home was well maintained, clean and that there were no malodours. This shows that people are living in a pleasant, clean environment that reflects their individual choices.

4. Leadership and Management

Summary

The registered manager has a proactive approach to staff recruitment, training, supervision and support for staff which would be further enhanced by the appointment of a clinical lead / deputy manager to support them in their role.

Our findings

People can be assured that staff members who support them have been through a robust recruitment process, are well supported and trained to enable them to fulfil their roles. We examined three care workers personnel files that demonstrated that all the required checks, clearances and information had been conducted and held on the files. The supervision records for the three care workers were also checked and were being held within the required timescales in line with National Minimum Standard 24.3 for Care Homes for Older People. During discussions with the registered manager they told us that they currently conducted all the care worker and nursing staff supervisions as they did not have a deputy manager to support them in this role.

Discussions with six care workers and a registered nurse demonstrated that they felt supported and guided by the registered manager; one care worker told us *“Aime (registered manager) is great!, she knows what to do, we have a great team and morale is good”* another told us *“I have settled here really well, we are a good team and Aime is excellent”* and *“this is a great place to work, a good manager who is always accessible if you need her”*.

Training records examined demonstrated that care workers and nurses received a range of mandatory and specific training including;

- safeguarding;
- fire safety;
- health and safety;
- moving and handling;
- infection control;
- COSHH;
- first aid;
- Deprivation of Liberty Safeguards (DoLS)
- dementia awareness and dementia level 2;
- medication;
- swallowing and feeding;
- tissue viability;
- oral health/ hygiene and
- catheterisation.

The care workers we spoke to confirmed that they had attended the training and demonstrated a good understanding of the specific needs of the people they were supporting and how best to meet these. They also demonstrated a good understanding of moving and handling and of safeguarding the people living in the home.

We were advised by the registered manager that sixteen care workers had completed the Qualifications and Credit Framework (QCF) QCF 2 in Care and ten had completed the QCF 3 in care. A further ten care workers were waiting to enrol for the QCF 2 and one was waiting to enrol for the QCF 3. During a discussion with a relative they told us that they were happy with the care being provided and that *"the carers are so kind and thoughtful"*.

It can be concluded that people benefit from well trained and supported staff that are competent and supported in their role.

People can see evidence of driving continuous improvement. We read three provider reports undertaken on behalf of the responsible individual completed within the required timescales throughout 2016. The reports looked at a range of areas to assess the quality of the service being provided. The areas covered in the monitoring included:

- interviews with service users;
- interviews with staff;
- interviews with relatives and visitors;
- inspection of the premises;
- reportable incidents (Regulation 38);
- complaints and,
- conduct of the service.

During discussions with the registered manager we were advised that a new clinical lead / deputy manager was currently being considered to support them. Given the complex health needs of some of the people living in the home and that the registered manager does not have a clinical background, consideration should be given to ensure suitable timely arrangements were in place to recruit a clinical lead / deputy manager to provide the required clinical knowledge, expertise and support for the registered manager.

We were also provided with copies of the consultations that had been conducted with people living in the home, staff and professionals in order to gather information for the 2016 annual quality assurance report for the home. It was disappointing given the consultation work completed, that a quality assurance report had yet to be produced in line with Regulation 25 (3) of The Care Homes (Wales) Regulations 2002.

People can therefore feel assured they receive care and support from a provider who is committed to ongoing service improvement, however, this would be enhanced by the appointment of a clinical lead/ deputy manager.

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

The following are recommended areas of improvement to promote outcomes for people:

- The registered provider should ensure that an annual quality assurance report for the home is produced.
- The registered provider should ensure the service meets the needs of people who communicate through the medium of Welsh.
- The registered provider should ensure that the deputy manager / clinical lead position be recruited to in a timely manner.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 16 March 2017.

The following methodologies were used:

- We spoke to six people living in the home.
- We observed the interactions between staff and people.
- We spoke to four relatives.
- We spoke to six care workers and a registered nurse.
- We spoke to two members of the activities team.
- We spoke to a member of the catering team.
- We spoke to two members of the administration team.
- We spoke to the registered manager.
- We looked at four nursing and care files.
- We looked at three staff files and their supervision records.
- We looked at storage, recording and administration of medication including controlled drugs.
- We looked at the home's Statement of Purpose and Service user Guide.
- We looked at the staff training matrix.
- We looked at complaints and concerns recordings.
- We looked at activities records.
- We looked at a range of other documentation.
- We had a tour of the home.

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 - Older
Registered Person	Ashberry Healthcare Ltd
Registered Manager(s)	Amie Porter
Registered maximum number of places	44
Date of previous CSSIW inspection	19/05/2015 and 20/05/2015
Dates of this Inspection visit(s)	16/03/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	