



Inspection Report on

The Clynsaer Care Home

**Clynsaer House
Cynghordy
Llandovery
SA20 0LP**

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Description of the service

The Clynsaer Care Home is registered to provide accommodation, personal care and support for up to ten younger adults; up to two of whom have a functional mental ill health; and one person aged 65 and over with a learning disability. The service is operated by Oakview Care Ltd, Denise Quick is the manager with day to day management responsibility for the running of the service.

The large Victorian property is situated on the outskirts of the village of Cynghordy, set in approximately three acres with spectacular views of the surrounding countryside. There is a separate activities centre and poly tunnel, in a converted stable block, where workshops take place.

Summary of our findings

1. Overall assessment

We found that people were able to benefit from a high level of personalised care and support which enabled them to build upon their strengths and participate in meaningful activities. People are supported by a team that treats them with respect and demonstrates an awareness of cultural differences. People have things to look forward to. We considered that people felt valued and had achieved a sense of well-being.

2. Improvements

Since the previous inspection it was noted that efforts had been made to contact the placing authorities to arrange a review of care and support to people living in the home and to incorporate these assessments into the homes care plans.

3. Requirements and recommendations

Section five of this report sets out the action the service provider needs 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. Below is a summary of the key issues.

- The service provider considers Welsh Government's 'More Than Just Words; follow on strategic guidance for Welsh Language in Social Care'.

1. Well-being

Summary

Well-being is promoted through participation in meaningful activities which reflect people's interests. People experience positive relationships with staff who support them to voice their opinions.

Our findings

People have choice in the activities they pursue; being encouraged to be creative; to follow their interests and to participate in activities which are important to them. We saw people engaged in activities ranging from crafts, art, gardening, computer activity and woodwork/model making. We saw people's art and craft work displayed in the workshop and in people's rooms. We spoke to the two activity co-ordinators who spoke highly of people's enjoyment of the activities on offer. We saw the wide variety of tools and equipment available to support people's choice of activities. We were told the gardening and vegetable growing were particularly popular with one person. During the inspection they showed us around and discussed a variety gardening issues as well as plans to compete in local summer shows. We were told that people were planning to attend the Royal Welsh Show and we saw that this happened. One person told us they liked "*having my own pots to look after*", and that they really liked "*helping out*". People can choose what they wish to do on a daily basis. Staff explained that given the unpredictability of one person with complex needs it was important that they were flexible and could adapt plans to ensure that person was able to engage in a variety of activities. We were told that this had ensured that the person was able to take part in a holiday and that their family had also been able to join in the holiday.

We saw people were asked in resident meetings what they would like to do and were then involved in the planning of the activity. We saw two people had said they wished to go to Tenby. We saw the photographs from the trip, their feedback and saw that they had decided they wished to go on a boat trip on the next visit. This was documented as a goal. We then saw the plans to achieve the goal including shopping for picnic food and buying tickets. People we spoke to were very much looking forward to the trip. On the second inspection date we spoke to people who had gone on the trip and were told "*it was great*". We saw the responsible individual report completed in May 2018 detailing plans for a party to celebrate the Royal Wedding. Activities in the wider community include:

- Trips to Aberaeron
- Sheep dog trials
- Vintage /steam fayres
- Swimming
- Shopping trips
- Lunch out
- Royal Welsh Show
- Visits to the pub
- Holidays.

The service has access to three vehicles, which means that people are able to attend activities away from the home on their own or as part a group. We conclude that people are

supported to make choices and plan activities they would like to do and have things to look forward to.

All forms of communication are recognised and valued. All staff and care workers attend Total Communication training, a sign along communication method. This is reinforced by regular support, meetings and newsletters. People living at the home have the opportunity to attend and participate in these meetings as part of the People First service's work. We were told that one person had been involved in the making of a video to show at one meeting. We saw evidence of pictorial communication throughout the home, particularly in the workshop and to display menu choices. People and their relatives were able to communicate in the language of their choice. We were told five staff members were able to communicate in Welsh. At the time of the inspection care planning documentation, the statement of purpose and the service user guide were not available in Welsh. This was discussed with the responsible individual and manager, and it was recommended that the service refers to the Welsh Government's 'More Than Just Words; follow on strategic guidance for Welsh Language in Social Care'. This shows that whilst people are able to communicate in Welsh further work is required to ensure that the service would be able to fully meet the needs of people to communicate in the language of their choice.

People are supported to make healthy dietary choices. We saw the rolling four week menu planner and the evidence from home meetings that people had been able to contribute to these menus. People could help to prepare food and make hot drinks when they wished. We also saw that on the day of our inspection people had decided it was too hot for soup and decided to change the day's menu. We saw that one person had requested more pot noodles on a regular basis and that staff had discussed healthy eating options. People helped with shopping for food and the local butcher supplied meat. We were told that fresh ingredients were used, using home grown produce when possible. Care staff and people ate meals together. People told us they really like the food "*it is great*". We conclude people's well-being is enhanced as they have the opportunity to enjoy food together and have choice and involvement in meal preparation.

2. Care and Support

Summary

People are cared for and supported by dedicated care workers who have a good understanding of their individual needs and treat them with respect and kindness.

Our findings

People receive appropriate, person centred care and are treated with dignity and respect. Care and support was based on clear identification of needs. Communication of needs to all members of the care team was clear and unequivocal, for example “under no circumstances ..to be left without staff supervision ”. People living at the home have a range of complex needs and care workers seek to anticipate and respond accordingly. We were told that given one person’s complex needs staff had to be able to adapt quickly and be flexible to meet the person’s wishes and ensure that their dignity and choice in care delivery was protected. During our inspection care workers told us they felt they knew the people, who lived at the home well, “ *we can be really responsive , we know when they are in a good place we have good bonds ,it’s a real family setting* “. They felt that as there was a stable team, people living at Clynsaer trusted them, “*they know us , we know them we can stop a situation escalating*”. One relative that we spoke to said their relative did not like change and was happy as they got on well with staff. Throughout the inspection we saw and heard care workers positively interacting and supporting people. We heard light hearted ‘banter’ and good humour throughout our inspection, with positive reassurances given “ *that’s fair enough mate, we’ll look into that* ” One person told us the staff were really good, “*they always laugh at my jokes*”. We observed the high level of respect in care workers, managers and people’s interactions with each other. Care workers knocked on doors and sort permission to enter a person’s room; they displayed active listening skills and gave people time to respond before continuing conversations. This means that people can feel confident and happy in their daily living and there is a strong focus on person centred care.

People are supported by care workers who are confident in managing complex care needs. One health care professional told us “ *only have positive things to say, this placement manages very complex individuals and all staff that I have spoken to have the right attitudes and values embedded in their care* “. This was supported during the inspection when positive interactions were observed. We consider that people are supported to achieve positive outcomes by care workers who are committed to the service’s ethos.

Care documentation was well organised. The four care files that we saw contained a recent photograph, detailed information regarding likes/dislikes, behavioural triggers, communication, care reviews (signed and dated), risk assessments and placing authority assessments. Care plans seen included prevention of falls, skin integrity, missing persons, weight management, smoking cessation, communication and personal hygiene plans. We saw detailed care planning and records for the treatment of leg ulceration, including timely referrals and details of advice given by district nursing teams. We saw evidence that care workers had sort to involve other healthcare professionals to anticipate needs, detect patterns of behaviour, and to provide advice. We saw evidence that people attended annual health reviews, leg ulcer clinic, physiotherapy, dental appointments, out patient appointments and psychiatric support. We consider that people’s wide range of care needs

are identified and reviewed and that timely access to appropriate health and social care professionals are maintained.

Medication administration records were accurately completed, medication was administered through blister packs. There were no controlled drugs administered at the time of the inspection. The medication storage room temperature was recorded. Care workers received training in safe administration of medication from Boots, and their competencies were assessed. People can be assured that the care workers supporting them have a good understanding of medication administration and storage.

3. Environment

Summary

We found that Clynsaer House provides homely accommodation that is clean, warm and safe and set in beautiful grounds. There is an ongoing maintenance programme.

Our findings

People can feel included and valued because they are supported in an environment that is appropriate and can be adapted to meet their individual needs. We saw six people's rooms and found them to be spacious and personalised with things that were important to them. One person told us they *"liked being asked what colour I wanted"*. Another told us they had everything they wanted. We were shown two areas outside. These had been provided to meet individuals differing needs for quiet space that reflected their personalities. There was a large workshop, gym room, outside seating area and fish pond, polytunnel, and barbecue area. Out buildings not in use were locked. People living at the home were proud of their environment showing us the different areas that were important to them. Also telling us how they had been involved in decisions regarding the new outdoor seating area. During our tour of the home we noted that all areas were clean, free from malodours and well presented. We saw renovation work was being carried out by outside contractors to redecorate one person's room. This area was secured with no service user able to access. There was also a maintenance person employed by the service. We noted on our tour of the garden and outdoor space that work was ongoing to replace the decking, extend the balustrade and repoint the paving. This need had been identified in residents and staff feedback as well as responsible individual reports. There was access to a lower, more over grown garden area where there had been a lake. We were told that no-one accessed this area but there was nothing preventing them from doing so. This was discussed with the manager who agreed that this would be added to people's risk assessment documentation. We were told that the neighbouring farmer had been extremely helpful during the winter snow storms in clearing the track to ensure that people are still able to access services and that their care and support was not compromised. We therefore consider that people are able to enjoy the facilities the home can offer and that they are supported to live in a clean and well maintained home.

Clynsaer has policies and procedures in place to maintain the health and safety of people. We saw the fire risk assessment plan, personal emergency evacuation plans including those for people with mobility issues and how to support people's behaviour in an emergency situation and details of the latest full evacuation drill (June 2018). During the first inspection visit it was noted that a delivery of cleaning materials had not be secured in line with control of substances hazardous to health policies, this was immediately rectified. During the second tour of the home it was noted that the laundry was tidy and that mops were colour coded and stored correctly in line with infection control measures to avoid cross contamination. All offices at Clynsaer were locked when not in use and the main office where confidential information was held was also secure, clean, tidy and well organised. There was a dedicated administrator who has well organised filing and systems of work. We consider that people can feel confident that their health and safety is considered.

4. Leadership and Management

Summary

People are able to enjoy a high quality of life as a result of a well organised service with dedicated care workers who are supported to do their role by a approachable and visible management team.

Our findings

People can see evidence of driving continuous improvement. We read provider reports undertaken on behalf of the responsible individual completed for the period 15 March 2018 to 14 June 2018, and the latest Quality Assurance Report for 2018. These looked at a range of areas to assess the quality of the service being provided. The areas covered in the monitoring included:

- Interviews and questionnaires with service users;
- Interviews and questionnaires with staff;
- Analysis of returned questionnaires from relatives ;
- Inspection of the premises;
- Reportable incidents (Regulation 38);
- Complaints and,
- Conduct of the service.

The Quality Assurance Report showed a high percentage of returned feedback. 90% of staff who returned questionnaires stated that staff training and communication was either good or excellent. Feedback from people living at the home was positive, particularly regarding food and the opportunities for activities and choice. Relatives comments recorded in the report included, "*Carlsberg doesn't make care homes but if they did this would be up there with the best.*" One relative told us that they felt they knew what was going on and that they had the opportunity to attend regular meetings. An action plan was being developed as to how to improve feedback to relatives. We therefore conclude that people benefit from a service and team that is committed to continually improving.

Care workers have the required skills to ensure people's care, support and well-being needs are met. We saw evidence of mandatory and additional training delivered both on-line and through classroom based learning, including:

- Fire;
- Mental Capacity Act;
- Deprivation of Liberty;
- Report and record writing;
- Behaviour Management;
- Bipolar awareness;
- Epilepsy management;
- Total Communication;
- Medication administration;
- First Aid
- Safeguarding ;

Care workers that we spoke to were able to demonstrate a good understanding of safe guarding and stated they would feel confident in raising any concerns. Therefore we conclude that people are cared for by care workers who receive appropriate training.

Procedures for the recruitment of staff are robust. We saw four staff files that were well organised; containing all the required clearances and documentation. Supervision and appraisals were completed within the required timescales. There was no use of agency staff at the service. Several of the care workers had been at the home for many years. This continuity of care enables people to be supported by care workers who know them well.

Care workers are well supported. Care workers that we spoke to told us that they felt valued by the managers and that the management team were “*always available*” that “*there is always support*” and “*this is just the best place to work*”. During our conversations they were able to demonstrate a good understanding of the ethos, service aims and principles of care at Clynsaer. Care workers we spoke to were also very clear about lines of accountability and showed an appreciation of the good skill mix of the management team and administration staff, “*They get things done, you only have to say something and they act on it as soon as they can.*” We conclude that Clynsaer is well managed by an approachable leadership team that has the well-being of people using the service at the centre of their actions

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

We recommend the following:

- The service provider considers Welsh Government's 'More Than Just Words; follow on strategic guidance for Welsh Language in Social Care'.

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 10 July 2018 between 08:00 and 12::30pm and an announced visit on 19 July 2018 between 09:30 and 11.45am

The following methodologies were used:

- We spoke to five people living in the home.
- We spoke to relatives.
- We spoke to six care workers.
- We spoke to one health care professional.
- We spoke to the responsible individual.
- We spoke to the registered manager.
- We observed interactions between care workers and service users.
- We looked at four care files.
- We looked at four care workers files
- We looked at four care workers supervision records.
- We looked at the training matrix.
- We looked at the storage and recording of medications.
- We looked at the services registration certificate, statement of purpose and insurance certificate.
- We looked at Regulation 27 reports
- We had a tour of the home.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Oakview Care Ltd
Registered Manager(s)	Denise Quick
Registered maximum number of places	10
Date of previous Care Inspectorate Wales inspection	13/01/17
Dates of this Inspection visit(s)	10/07/2018 and 19/7/18
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language. This is because people are able to communicate in Welsh and the management team is considering the provision of documentation bilingually.
Additional Information:	