



Inspection Report on

Clynsaer House

**Clynsaer House
Llandovery
SA20 0LP**

Date Inspection Completed

13/12/2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Clynsaer House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Oakview Care Limited
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	24 September 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are supported in Clynsaer House by an established core team of staff. Staff recruitment is ongoing to maintain staffing levels, so people's outcomes continue to be met

Care is provided as per individual assessments and care documentation is accurate and up to date. People are treated with respect and are supported to communicate effectively to enable them to have choice and a voice. The staff ensure people are supported to contribute to their review process. People have access to information about the service.

Clynsaer House has an ongoing maintenance programme. Improvements and adaptations are completed as needed to support people in their home.

We were told the manager and deputy manager are approachable and accessible and the team 'go over and above' to make people happy. The Responsible Individual (RI) has robust quality assurance processes in place to ensure improvements are identified and implemented, meaning people's well-being outcomes are met. Improvements are required to the provision of individual supervision for staff to ensure they receive it quarterly. Staff feel well supported and training is provided as required.

Well-being

People have information available to them. This includes a statement of purpose, service user guide and information around keeping safe and how to make a complaint. Versions of these documents are available in easy read format. We saw people being supported to communicate and staff enabling people to have a voice.

People have choice. People are supported to spend time doing what they wish around their home and the grounds. In the kitchen we saw a pictorial menu to aid people to make choices around mealtimes. Welsh speaking staff support people to have a choice of language. There is Welsh signage and a 'Welsh word of the week' on the notice board in the activity centre.

People appear happy and we were told by someone they are looking forward to Christmas. People do what is important to them including daily visits to the activity centre within the grounds of the home. Craft is incorporated into day-to-day activities such as making bird boxes and bird food. We were told a trip to a disco had taken place recently and people had attended a dance group; carol service; hydrotherapy and been bowling and to the cinema. Plans are being made for family visits over the festive period and a Christmas meal out. Family told us; *"I see X doing arts and crafts in the activity centre"* and *"The activity centre is wonderful"*. We saw activity files with photos showing people enjoying days out and participating in activities of their choice.

People are supported to live as independently as possible with adaptations made to the environment as required. One person told us about the plans for the sunroom extension that would give them more space to relax in.

People are safeguarded from abuse and neglect. Staff are vigilant when checking visitors to the home. This includes excellent communication when opening the external gates and safeguarding people who are accessing the outside area. Staff we spoke to know the safeguarding processes to follow as required and people have information accessible to them to raise concerns. Well established protocols protect people from having their freedom restricted unnecessarily and detailed risk management plans are in place to help keep people safe and as independent as possible.

Care and Support

Staff know people well. We observed caring meaningful interactions between staff and people living in Clynsaer House. Relatives told us *“I have never in my whole life seen X as happy as they are now”* and *“I don’t think there is another place on earth that is as good as Clynsaer House”*.

Care documentation is accurate and reflects the care provided. Personal plans have person centred outcomes and are up to date. Personal emergency evacuation plans (PEEPs) are in easy read format for people to understand and agree. Primary and secondary approaches are detailed within risk assessments. Records show mental capacity assessments are completed and best interest decisions are agreed within required protocols.

People are involved with monthly meetings with their keyworkers. This ensures they have a voice about what is important to them. Outcomes are reviewed and the RI informed us that goals are carried forward to ensure continuity of the review process. Formal reviews of personal plans are completed. People and their representatives are involved as appropriate. We discussed the importance of inviting advocates in the absence of a representative for a person. The provider has introduced a tool to record the various reviews that take place. This shows who has been invited and attended the reviews. This tool will aid the team to monitor the frequency of these reviews ensuring they are held consistently three monthly. We were told *“They do keep in touch and we know exactly what is going on they always have X’s best interests at heart”* and *“There are reviews yearly, sometimes I am able to go”*.

Referrals are made to professionals in a timely manner to ensure the right professional provides support when required. One professional told us *“They get in touch with me if there are any concerns and they do follow our recommendations”*.

Medications are stored as required and people receive medication as prescribed. Care workers complete balance checks of medications as part of their audit process. Where handwritten medication is recorded this is not consistently checked and signed by two staff. The deputy manager could evidence this had been done on previous months and will address this as part of their audit process. Photographs were on file for most people to ensure people can be safely identified.

Environment

The visitors signing in process has improved since the last inspection. Visitors are asked to sign in and identity is checked as appropriate.

Improvements have been made to the home as part of an ongoing programme and to accommodate people's changing needs. Bathrooms are adapted to suit individual requirements. The outside area has been adapted to ensure people can access as much of the outdoor space as possible whilst being safe. Improvements have been made to the roof and a sun lounge is in the process of being added to the communal area downstairs. One person told us they were looking forward to having another area to relax in.

Bedrooms are personalised and people's individuality and privacy is respected. Where individuals want their own recreative space in the grounds this has been accommodated - for example people have their own summer house; shed and caravan.

People enjoy accessing the activity centre which is a separate building within the grounds. We noted despite the freezing outdoor temperatures on the day of the inspection all areas on the site were safely accessible so people's routines of being outside and accessing the activity centre were possible.

We were told a recent food hygiene inspection has resulted in a 5 hygiene rating. Since that inspection a separate handwashing sink has been installed in the kitchen.

Fire equipment checks and practice evacuations take place regularly. A fire risk assessment had recently been completed and an action plan was in the process of being prepared. A Health and Safety audit had been completed in November.

Leadership and Management

Staffing levels are adequate as stipulated in the statement of purpose and as per people's identified needs. Overall management time is protected however at times of unplanned staff absences the deputy and manager provide support. Where possible the provider arranges agency staff. Staff told us unplanned absences can impact on their workload; "*We do what we can with what we have*". Recruitment is ongoing and the provider has an incentive scheme and has successfully recruited recently.

There are suitable procedures in place to recruit staff. We saw the required pre-employment checks, including reference checks and Disclosure and Barring Service (DBS) checks are completed before people start working. Staff are registered with Social Care Wales (SCW) as required. The majority of required training is completed by most staff including safeguarding and infection control. Some staff are overdue First Aid training and Positive Management training. Dates have been booked for these courses. Specialist training such as, epilepsy and challenging behaviour, is completed by staff as required.

The majority of staff have received annual appraisals in the past 12 months. At the last inspection it was agreed three monthly individual supervision would resume. A supervision matrix has been put in place to alert senior staff of due dates for supervision and to enable the RI and manager to have oversight of this. Whilst improvements had been made the supervision matrix and individual staff files could not evidence individual supervision is provided consistently quarterly. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

Good quality assurance processes are in place. Audits are completed with the RI evidencing oversight of these. Regular visits are made to the home by the RI with evidence of gathering feedback from people living and working at Clynsaer House. A quality care review report is completed by the RI. People are listened to and their feedback is considered within the 'well-being outcomes focused' quality care review report. Family told us "*I have filled in a questionnaire about the home and have opportunities to raise questions*".

Staff are positive about the home they work in and the support they provide and receive. We were told "*We have amazing support – we pick up the phone anytime we want anything, and it is there*"; "*The company is the best employer I have had*" and "*The directors are closely involved and clearly caring*".

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
------------	---------	--------

36	The provider does not consistently provide quarterly individual supervision for staff. All staff are not fully up to date with core training.	New
----	---	-----

Date Published 01/02/2023