



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

The Clynsaer Care Home

Clynsaer House
Cynghordy
Llandovery
SA20 0LP

Type of Inspection – Focused

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Summary

About the service

The Clynsaer Care Home provides accommodation and personal care for up to ten people. The Care and Social Services Inspectorate Wales (CSSIW) has registered The Clynsaer to provide care for people with a learning disability and two people who have functional mental health problems. At the time of the inspection the home was fully occupied and many people had lived there for a number of years.

The Clynsaer is located in a pleasant rural village near to Llandovery. The property is a large former Victorian house set in extensive grounds of approximately three acres. As well as the main house, there is a separate activities centre which is well utilised on a daily basis by the residents.

The provider of the service is Oakview Care and they have appointed a responsible individual. A service manager is in post and has submitted an application to become the registered manager, with day to day responsibility for the running of the service.

What type of inspection was carried out?

We (CSSIW) carried out an unannounced, scheduled and focused inspection looking at the quality of life of people using the service. We were not aware of any concerns or safeguarding issues.

During the inspection we spoke with service users, staff and the manager. We considered how the environment impacts on the wellbeing of the people using the service. We also used the following methodology to compile this report:

- Consideration of any pre-inspection information available
- Inspection of two care files and daily progress notes
- General observations of intervention and interaction with staff
- Speaking with professional visitors to the service
- Follow up telephone call to the Community Team for Learning Disabilities

What does the service do well?

The Clynsaer provides a very person centred and flexible care service which includes stimulating and purposeful activities for people with complex needs. Warm relationships between staff and service users are very evident.

What has improved since the last inspection?

We did not identify any areas of non-compliance at the last inspection.

What needs to be done to improve the service?

We did not identify any areas of non-compliance at the current inspection.

Quality Of Life

We found that people living at The Clynsaer can expect to have access to meaningful activities and to experience feelings of worth and purpose. This is because the home employs an experienced and enthusiastic activities coordinator and all staff members view activities as their responsibility. The on-site activities centre is well equipped and well used on a daily basis. People have access to a kitchen there and we saw service users engaging in lunchtime meal preparation, using personal protective equipment such as gloves, in the same way as would be expected of staff. The activities centre also has many arts and crafts resources, a carpentry workshop, pool table and computers. There is a polytunnel where people are growing tomatoes, beetroot, swede, broad beans, etc. We also saw soft fruit bushes in the grounds.

People also have access to community activities such as shopping for the house, or personal shopping trips, swimming, meals out, visits to the pub or to football matches. Some of the residents recently had a holiday in Tenby and a few other people are looking forward to going to Butlins in Bognor Regis in the near future.

People we spoke with told us that they are very happy living at The Clynsaer and that the staff and the manager are all lovely. One person said *"it is amazing, I just love it here"*. Another person told us that they had spent many years in various hospitals prior to living at The Clynsaer. This person felt strongly that being able to speak with the staff about their anxieties very much helps to keep them well. Staff we spoke with informed us that they feel people have a good quality of life at the home and that the needs of the residents are paramount and central to everything. Staff told us that the care is very person centred and not at all task based but very relaxed, allowing people to achieve things in their own time. All residents are encouraged to participate in maintaining a clean and tidy home and staff provide as much or as little support as is necessary.

We inspected two care files in detail and found all expected documentation to be available, to be person centred and of a high quality. Care plans and risk assessments are comprehensive and yet user friendly. All information is presented in a very clear format and reviewed regularly. Risk assessments advise staff on probable triggers, early warning signs and interventions. All care documentation is 'outcome focused'. Daily sheets contain a large amount of useful information and yet they are not onerous for staff to complete, many sections only requiring a tick or a brief comment. The kind of information recorded includes personal care, meals provided, activities, clothing worn, whether there have been any incidents and a brief overview of any relevant information including any challenging behaviour. There is a clear emphasis on appropriate communication, with speech and language guidance where necessary. One person uses an iPad to assist with communication. There is an emphasis on total communication to assist people to communicate in the best way for them.

We found there to be an excellent level of understanding and adherence to the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Some people have DoLS authorisation in place and there are two extremely complex situations which have been handled sensitively and have resulted in the least restrictive options.

People can be confident that they will be treated with dignity and respect and that they will be able to participate in decisions about the running of their home. This is because staff are patient and encourage people to make informed choices and to have a voice. The home is proactive in enabling people to access advocacy services and resident meetings.

Quality Of Staffing

We did not focus on quality of staffing on this occasion. However, we found that staffing levels are good and that many staff have worked at the home for a number of years. Staff we spoke with informed us that they have access to good training and that they have access to regular supervision.

We spoke briefly with District Nurses who were visiting because one person currently has significant health issues. They spoke very highly of the care provided by the staff. A visiting trainer who has been providing training at The Clynsaer for several years volunteered information that they consider The Clynsaer to be very person centred.

On the day of inspection, staff were participating in food hygiene training. Apart from mandatory training updates, staff have had more specific training in autism and mental health. Also on the day of inspection, the District Nurses who were at the home were speaking with care staff about one individual's specific health needs.

One professional from the Community Team for Learning Disabilities said their impression of the home was that staff are very 'on the ball' and compassionate about the needs of the people they care for.

Quality Of Leadership and Management

We did not focus on leadership and management on this occasion. Staff and service users spoke highly of the manager. They told us that they find her approachable and they would not hesitate to go to her if they had a problem or a concern.

Quality Of The Environment

We did not focus on the quality of the environment on this occasion. We saw that new carpets have been fitted to staircases and that these areas have been newly decorated. Two downstairs bedrooms are imminently due to undergo renovation and the addition of en-suite facilities. This will be carried out while the residents are on holiday, to avoid any inconvenience for them. There is no lift or stair lift and so people who have mobility problems have bedrooms on the ground floor.

Longer term plans include an extension to the rear of the property but this is likely to be during 2016.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. 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.

- **Focused 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. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused 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.

