



Inspection Report on

Llwyndyrys Residential Home

**Llwyndyrys Residential Home
Llechryd
Cardigan
SA43 2QP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

02/02/2023

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About Llwyndyrys Residential Home

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| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Llwyndyrys Residential Home Ltd |
| Registered places | 26 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 15.11.2021 |
| Does this service provide the Welsh Language active offer? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

Llwyndyrys Residential Home has an established core team of staff who know people well. There is a manager and clinical lead in post and the Responsible Individual (RI) is also involved with the day to day running of the home.

Care and support are provided to people to enable them to achieve optimum health and well-being. Staff enable people to do what is important to them. Activity provision is excellent with a natural flow taking place in and around the home.

Care documentation is clear, up-to-date and accurate. Reviews of personal plans take place and people's care documentation is very person-centred with reference to people's family, social and work history. Care workers have access to this information, and this is reflected in the care delivery.

Improvements have been made to the home and grounds with ongoing plans in place as part of a continuous improvement plan. The home is welcoming and the grounds are an extension of the home and very accessible to all. This includes the addition of a summerhouse which facilitates activities and a quiet space.

Staff are recruited and supported with training and individual supervision as required.

Quality assurance processes are in place and inform the drive to improve the home and service that is provided to people. The RI is accessible and completes the required quality assurance processes.

Well-being

People are treated with dignity and respect. Staff are courteous and kind and know people well. A natural rapport and ease is observed between staff and people. People have good relationships with people they live with and the staff that support them.

People do what is important to them with planned social activities and activities that take place naturally as part of their daily routine. On the day of the inspection people arranged flowers in vases and did some baking. There was also an afternoon birthday tea and the staff facilitated ongoing social activities in a very natural relaxed way, such as knitting whilst having morning coffee. We were told the planned timetable acted as a guide and activities took place depending on the day and people's preferences.

People have information available to them. The Statement of Purpose is up to date and accurate. Currently the Statement of Purpose duals as a Service User Guide. Work is being completed towards creating a service user guide suitable for all people who access the service. A staff photo board and activity planner is in the reception area, accessible to all.

Choice is provided and this was observed with daily routine, activities and meals. Meal options are offered a short time before the meal is served to allow people to say what they would like at that time. People's individuality is respected with choice around their preferred language. We were told about a Welsh choir event which took place and we saw people's language preferences recorded in care documentation. People told us *"It's lovely here"* and *"I enjoy my own company – I can go out from here and have my own space. The food is very good. I have joined in with some activities"*.

Independence is promoted. The environment enables people to access different areas of the home independently. People also have what they need in their own living areas to be as independent as possible. Feedback given to the team from a family member stated: *".....your team work so hard to ensure X, and all the other residents have as much integrity and independence as is possible."*

Personal protective equipment is available for all staff to use within the infection prevention control guidelines. Training is provided for infection prevention control. An up-to-date safeguarding policy is in place and training is provided for all staff. Where people have reduced decision-making capacity, they are supported by the provider with procedures and protocols in place, to ensure their best interest is maintained.

Care and Support

People are assessed and information gathered, with a view to ensuring people settle in the home quickly. The care documentation reflects a very person-centred approach. This was seen in practice throughout the inspection. Details around what is important to people and a focus on their health and well-being are documented and care staff have access to this information. This information is considered by activity staff and social activities are planned accordingly. Meaningful interactions were seen between staff and people. It is apparent staff know people well and what and who is important to them. A keyworker system is in place.

Reviews of personal plans take place at least every three months. Family members and representatives are kept up to date and informed. The manager and clinical lead confirmed that families are not formally invited to the review process/meeting and this is something they will start to offer. Family members told us how informed they are and we saw this within the electronic care documentation system. Photos and updates are shared and accessed by family members. One relative told us: *"It is so easy to keep in touch – they are always sending photos"*.

The provider has successfully recruited staff since the last inspection and there is a well-established core team of staff. Whilst staff are busy, they appeared relaxed and unrushed and make time for people and their visitors. The staffing levels seen are as stipulated within the Statement of Purpose. Family told us *"I can't fault them – there is always enough staff"*.

Records of referrals to other professionals were seen within daily care records. This includes referrals to the community mental health team and general practitioners for timely medication reviews. We saw medication balances recorded as part of the processes to monitor medication administration. We noted several medication administration records (MARs) are not completed in line with the provider's medication policy. Whilst a detailed audit is available from June 2022, audits are not completed quarterly as in line with the medication policy. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

We saw a new electronic medication management system 'going live' on the first day of the inspection. The RI informed us *"This tool is designed to eliminate errors"*. This will be tested at the next inspection.

Environment

People are cared for and supported in an environment, which ensures their individual needs are met and their personal outcomes are achieved.

Ongoing landscape work is further improving an already pleasant outside accessible area. People can safely access areas of the grounds to walk and exercise or just enjoy some outdoor space. People are involved with gardening and planning for upcoming seasons with access to the greenhouse and outdoor areas being encouraged and facilitated.

A new summer house is an extension of the home where people can enjoy some quiet time, activities or visit when the hairdresser is at the home. We saw this room being used for a birthday afternoon tea.

The manager and staff ensure the environment is suited to individual's preferences and needs where possible. Bedrooms are personalised with people's furniture and items from their homes if they wish. This ranged from a computer table and armchairs to hand crocheted bedding and photos. We saw new items of furniture have been purchased as part of the ongoing improvements made to the home and environment. This included bedroom furniture and furnishings as well as chairs and furniture in the communal lounges. Relatives told us "*We are so fortunate to find this place*"

Audits and a programme of periodic testing of equipment shows maintenance checks are carried out as required. We saw records of gas safety checks, electrical installation and lifting equipment are completed and within the recommended dates.

Following a visit from the Mid and West Wales Fire and Rescue service in October 2022, works have been completed by the provider. After our inspection visit, the RI told us the fire service had completed a follow up visit. The works the provider have completed have been reviewed and evidence adequate safety. During our inspection we noted fire alarm test records are completed weekly and a record of fire drills is available. All staff have completed fire training as required. Personal emergency evacuation plans (PEEPs) are completed and available to staff as required.

The service has a food hygiene rating of 5 following an inspection in October last year. Visitors to the home sign in and COVID test results are requested in line with the home's own risk assessment. Personal protective equipment is provided and worn as required. The home appeared clean and fresh with hand washing facilities available and stocked appropriately.

Leadership and Management

The service is overseen by a committed and effective management team who strive to ensure the ongoing development and improvement of the service. There are clear lines of accountability and staff told us they feel supported. Feedback from staff included: *“I love it”* and *“We can have support on the phone any day as well as hands on support throughout the week from the RI and clinical lead.”*

The provider ensures there are sufficient knowledgeable, competent and skilled care workers to provide appropriate support for people to achieve their personal outcomes. References, identification checks and Disclosure and Barring Service checks are done as part of the recruitment process. Staff receive an induction in line with the Social Care Wales induction framework. Staff complete shifts where they shadow experienced staff initially. Ongoing training is provided as required such as, Manual Handling, Food Hygiene and Infection Prevention Control. In addition to this staff receive face-to-face training, specific to people’s identified outcomes such as Dementia and Person-Centred Care training. One staff member told us *“We are supported to explore different avenues to managing people’s needs particularly cognitive needs and we are supported to attend any training that will help”*. Staff receive individual supervision at least quarterly and annual appraisals. We were told *“I have progressed and been supported with this”*.

There are systems in place to ensure that people experience a quality service that is developing and improving. Audits were seen and this information, alongside feedback from people, their representatives and staff are considered for the six-monthly quality care review report. An analysis of this information is used to show how outcomes can be improved for people. We were told by a family member *“Its changed a lot but it just gets better here”*.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|---|-----|
| 58 | Administration and recording of medication is not provided in accordance with the provider's medication policy. | New |
|----|---|-----|

Date Published 09/03/2023