



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Cwm Aur Care Home (Hafan)

Heol y Dderi
Glanduar
Llanybydder
SA40 9AB

Type of inspection – Baseline

Dates of inspection – 5 and 12 December 2014

Date of publication – 12 February 2015

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Summary

About the service

Cwm Aur (Hafan) is a small residential home that is registered to provide personal care to a maximum of six people aged 65 years or over living with dementia. The home is located within a large housing scheme that also provides sheltered housing and extra care services. The home is owned by Gwalia Housing Society Ltd and is situated in Llanybydder, on the outskirts of Lampeter.

The Responsible Individual is Karen Davies. There has been no Registered Manager in the home since 10 October 2013. Bethan Davies is the Acting Manager who is in the process of applying to become the Registered Manager.

What type of inspection was carried out?

This report is based on the findings of a baseline inspection which looked at the four quality themes; quality of life, quality of staffing, quality of leadership and management, and quality of the environment.

The inspection included:

- An unannounced inspection
- Tour of the home
- Discussions with two relatives
- Discussions with three carers
- Discussions with the Responsible Individual
- Discussions with an Assistant Manager
- Discussion with a visiting hairdresser
- Observations of interactions between staff and people
- Examination of four staff paper files
- Examination of four electronic staff files in the organisation's Head Office
- Examination of three care files
- Examination of a range of documentation.

What does the service do well?

- This inspection identified that there were no significant areas of good practice that were over and above the regulations and national minimum standards.

What has improved since the last inspection?

- An improved programme of activities has been developed.
- Staff morale has improved.
- Information and training regarding fire evacuation procedures have been undertaken.

What needs to be done to improve the service?

The Registered Provider is non compliant with Regulation 8 (1) (a) as the home has been without a Registered Manager since 10 October 2013.

The Registered Provider is non compliant with Regulation 18 (2) as staff records demonstrated that they were not receiving regular supervision in line with National Minimum Standard 24.3 for Care Homes for Older People.

These are serious issues and non compliance notices have been issued.

On this occasion a non compliance notice was not issued with regard to the following, however, for the benefit of service users the registered provider must address these matters, which will be followed up in the next inspection.

The Registered Provider is non compliant with Regulation 13 (2) as the medication trolley was not safely secured to a wall when not in use.

The Registered Provider is non compliant with Regulation 19 (2) (d) [i], Schedule 4 (6) (b), as staff records did not contain all the required information pertaining to their recruitment and selection.

The Registered Provider is non compliant with Regulation 17 (2) as all staff records were not made available on the day of the inspection.

Quality of life

Overall people are active, occupied and stimulated as we (CSSIW) observed carers supporting individuals in a range of activities. We observed a carer sitting next to an individual to read a newspaper with them, another carer assisted an individual to write on and colour in a pad of paper. Both these one to one activities appeared to be enjoyed by all as we observed the individuals smiling, laughing and talking with the carers. An information poster displayed in the home provided a calendar of the activities being held which included; art (drawing, colouring and painting), wool craft, ball games, board games, model making, memory cards, music movement and exercise, sing-a-longs, building blocks, fashion books, balloons, films and movies, musical instruments and memory boxes. We also observed people undertaking everyday activities including folding cloths, drying dishes and wiping tables. We also observed one person having their hair styled by a visiting hairdresser. During a discussion with the hairdresser she positively commented on the improvements that they had seen over the last six months in the number and range of activities being held.

In addition to the increased number and range of activities being delivered, it was also noted that the atmosphere within the home was much improved since the last inspection. Carers were seen positively encouraging and supporting people with varying levels of ability to participate, engage and enjoy themselves in the activities offered. There were also a number of pictures, a newspaper article about the local area and photographs that showed people living in the home participating a Saint David's Day coffee morning and an afternoon tea event displayed on the walls in the communal lounge and dining area.

In the main the health and wellbeing of individuals are promoted as they have access to medical or specialist support if needed including GP, Chiropodist, Community Nurses, Optician, Social Worker and Dietician. We examined all medication records for the people living in Hafan which were seen to be correctly completed with frequent audits being undertaken by senior members of staff. Care plans and risk assessments were completed and regularly reviewed, however, consideration should be given to provide more detail in care plans about the individual's preferences and how their care is to be delivered. By doing so, this will assist in ensuring that the care received better meets people's specific needs and that it is consistently delivered by carers.

People have choice as we observed individuals having their breakfast at various times during the morning. We were advised that one person ate their meals very slowly and got up earlier than other people in the morning to allow them more time to have their meal. We were also advised that people can get up and retire when they wish and that this was dependent on the individual. We were informed that staff discussed meal choices with individuals every Friday and that alternative meals were always available. Given the complex needs of some of the people living in Hafan, consideration should be given to look at alternative ways to enable people to make more informed decisions around their meals.

We noted that the majority of people living in the home spoke Welsh and we observed staff positively conversing with people through the medium of Welsh. Consideration should be given to have information and notices displayed within the home both in Welsh and English to better recognise and reflect people's individual needs and preferences.

We conducted general observations during the lunchtime period, throughout which we

observed carers supporting people to enjoy their lunch and two staff members assisting people to eat their meals. Whilst we did observe staff positively interacting with people, asking if they were enjoying their meal and offering different choices, we also observed that those assisting people to eat and drink being regularly distracted and talking to other people and to each other. Therefore we could not be assured that this was a positive experience for the individuals. This was discussed with the carers and fed back to the Responsible Individual to enable them to reflect on their practice and the impact this could have on individuals and how this could be improved upon for the future.

Quality of staffing

Overall people can enjoy being cared for by motivated staff as all those spoken with positively commented about working in the home and about the assistant manager who had day to day responsibility for Hafan. Comments from staff included *"I like this place, the clients are lovely people. The assistant manager does listen to me and does try to sort things out for me, I can't complain about the manager of the home, most staff are happy within Cwm Aur, some aren't"*. Another staff member stated that *"This is a happy little place, staff pull together. I have very good support from my line manager, the assistant manager, she is very approachable"*. The third staff member stated *"Things have improved, we work as a team, the atmosphere is better and the assistant manager is good"*.

All staff members spoken with positively commented on the recent introduction of regular team meetings for the staff of Hafan and that it provided a very good opportunity for the team to meet and share ideas and any concerns.

Staff spoken with and training records examined confirmed that staff had attended a range of mandatory and specific training including manual handling, safeguarding of vulnerable adults, infection control, health and hygiene, medication, Dementia care and emergency first aid. In addition, given the concerns raised about fire evacuation training during the previous inspection it was pleasing to note that fire safety and evacuation chair training had been delivered. During the discussions staff demonstrated a good understanding of the specific needs of the individuals they cared for and how best to meet these. They also demonstrated a sound understanding of safeguarding people and were clear that they would report any concerns to one of the managers.

During discussions with the visiting hairdresser they stated that *"the staff are very good and caring, they are always friendly"*.

Quality of leadership and management

On the whole people can be confident that due care and attention is given to minimum standards and regulations as on examination of four staff files they demonstrated that the correct recruitment and selection processes had been followed and that the majority of the required documentation was held on file. However, not all staff information was readily available for examination on the day of the inspection as some information was held electronically which could not be accessed by the home. This required an additional inspection at the organisation's head office in Swansea. This was discussed with the Responsible Individual who was advised that notifications would be issued in relation to these.

Of the electronic files examined, two were of staff who had transferred from another home. Whilst the majority of records were held on file, it was identified that neither had a copy of the staff member's birth certificate or passport. This was discussed with the Responsible Individual who was advised that notifications would be issued in relation to these.

Unfortunately, all the four staff files examined demonstrated that they were not receiving supervision within the required timescales in line with Standards 24.3 of the National Minimum Standards for Care Homes for Older People. This was discussed with the Responsible Individual who was advised that a non compliance notice would be issued.

In addition, it was confirmed that there had been no registered manager in post since 10 October 2013 and no application had been received by CSSIW at the time of inspection. This was discussed with the Responsible Individual who was advised that given the length of time the service had been without a registered manager that a non compliance notice would be issued.

We also noted that the medication trolley, albeit stored in the assistant manager's office was not secured to a wall. On examination of the organisation's Medication Policy it clearly stipulated under 6.1 Security of Medication that *"when medicines are handled on behalf of the clients, they should be locked in a cupboard / trolley fixed to the wall when not in use"*. This was discussed with the Responsible Individual who was advised that a notification would be issued.

On the whole people can experience an improving service. Observations in the home and feedback from the staff and the Responsible Individual demonstrated that a great deal of work had been undertaken to develop the service for the people living in Hafan and improve relationships between management and staff. It was evident that the assistant manager who managed Hafan on a day to day basis was held in high regard by staff.

Quality of environment

People can feel reassured by an environment which offers a sense of familiarity as during a tour of the home we noted that people's bedrooms had personal effects such as photographs, pictures and items of furniture. One person had a number of ceramic horses and another had a handmade family tree displayed in their bedrooms. In addition, a great deal of thought had been given to pictures displayed in the communal areas of people living in Hafan participating in different activities and events contributed to the sense of familiarity.

People can be confident that equipment is safe as all moving and handling and fire fighting equipment were being regularly serviced.

People can feel uplifted by the environment as the décor and furnishings were in a good condition and we observed the home to be clean, fresh smelling and free from malodours.

How we inspect and report on services We conduct two types of inspection; baseline and focussed. 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.

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

Baseline and focussed 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.



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**Non Compliance Notice
Care homes for older people**

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

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Heol y Dderi
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Registered manager:	Vacant
Number of places:	6
Category:	Care Home - Older Adults
Dates of this inspection from:	5 December 2014 to: 12 December 2014
Dates of other relevant contact since last report:	
Date of previous report publication:	9 April 2014
Inspected by:	Steffan J Hughes

Quality of life**Non compliance identified at this inspection and action to be taken**

Action to be taken	Timescale for completion	Regulation number

None

Quality of staffing**Non compliance identified at this inspection and action to be taken**

Action to be taken	Timescale for completion	Regulation number

None

Quality of leadership and management

Non compliance identified at this inspection and action to be taken

Action to be taken	Timescale for completion	Regulation number
The Registered Provider shall ensure that a Registered Manager's application is submitted to CSSIW for consideration.	30/01/15	8 (1)(a)
The Registered Provider shall ensure that all staff are appropriately supervised within required timescales.	20/02/15	18 (2)

The service is non compliant with Regulation 8 (1)(a)

The service has been without a permanent registered manager in post for a significant period of time.

Evidence:

- Cancellation of Registration
- Information provided by the acting manager

This is because there has been no permanent registered manager in post since 10 October 2013.

The acting manager has advised CSSIW that they have completed the required management qualification and has registered with the Care Council for Wales, however, at the time of the inspection their application had yet to be received in CSSIW.

The impact on people using the service is that they are potentially put at risk as there is no consistent and clear leadership and management of the home.

The service is non compliant with Regulation 18 (2)

This is because staff are not appropriately supervised.

Evidence:

- Examination of four staff files
- Discussions with three members of staff

All four files examined identified that staff were not receiving supervision meetings in line with Standard 24.3 of the National Minimum Standards for Care Homes in Wales.

The four supervision records examined identified that the last supervision meetings held with staff were on 31 July 2014, 22 May 2014, 5 August 2014 and 29 July 2014. The records also identified that there were gaps of between three and nine months in staff receiving supervision.

During discussions with three members of staff, none could accurately recall when they had last received supervision, but all confirmed it was not within the last two months.

The impact on people using the service is that they are potentially put at risk by staff who have not been supported, guided or monitored in their role.

Quality of environment**Non compliance identified at this inspection and action to be taken**

Action to be taken	Timescale for completion	Regulation number

None



