



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

Inspection Report on

Cambian Pengwern College

**Sarn Lane
Rhuddlan
LL18 5UH**

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Description of the service

Cambian Pengwern College is located in a rural area of Rhuddlan in Denbighshire. The service provides residential accommodation for up to 20 young people aged between 16-25 who have a learning disability and may also have other complex needs. Four people with physical disabilities can also be included in the numbers. The residential accommodation currently comprises of seven homes which include five coach houses, one flat and a cottage all within the college grounds.

The home is owned by the Cambian Whinfell School Ltd. There is a nominated responsible individual for this service. There is no registered manager, a person has been appointed as manager and will be submitting an application to register with CSSIW.

Summary of our findings

1. Overall assessment

We found people benefit from being supported by stable and consistent staff teams who they were familiar with. Improvements have been made to the rota system and staff recruitment. People have positive relationships with staff who understand them well and are able to meet their needs. Different forms of communication were used by staff to aid interactions and promote choice making. Systems and structures were in place to monitor service delivery to ensure people were being well supported.

2. Improvements

There is one electronic system used for care plans and risk assessments. We found this easy to use to find information, staff also confirmed this.

Staffing levels had improved with staff recruitment and stable staff teams in place for each of the homes people lived in.

Systems in place are more effective in the delegation of responsibilities and also ensure that checks are made as to the quality of the service being provided.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service further. This includes:

- Access to vehicles and activities
- Personal belongings

- Evidencing staff have read and understood documentation.
- Risk assessments Staff debriefs
- Gate security and maintenance issues
- Statement of purpose and service user guide
- Communication with visiting professionals and people's families and appropriate responses or requests for information given in a timely manner.
- Team meetings

1. Well-being

Summary

People benefit from being supported by staff they are familiar with and who know them well. Interactions are positive and a range of communication methods are being used to encourage conversations and promote choices. People are able to engage in educational activities during the day and pursue their own interests and social activities in the evening.

Our findings

People experience warmth, attachment and belonging. We visited three homes and met people living there and the staff supporting them. Relationships between staff and individuals were positive and we heard plenty of laughter and good humour. A person using the service commented “the staff are good. Like having a laugh with friends and staff” and “I am looked after very well”. One person told us all about themselves and the person they lived with and what they both liked to do. We spoke with family members who commented their relatives were “enjoying it”, “seems happy there”, “happy there, always wants to go back” and “likes it there, gets on with everybody well”. People were seen socialising with one another both inside and outside their homes. We saw staff who were kind, caring and respectful. They told us about the support people needed, wanted and how best to communicate with individuals. Staff picked up on subtle cues from people, responding promptly to provide both explanations and reassurance. Feedback from staff included “staff really care about the students within our care”. A relative told us the “staff are lovely”. The most recent regulation 27 report carried out by an independent person stated ‘students had good relationships with residential staff who were all seen to respond positively to individual needs. Students approached staff without hesitation and actively sought to be in their company and engage socially’. Feedback from a professional stated “staff show genuine warmth to the service users”. Another stated “it is an excellent environment for young students” and “to take the opportunity to live away from home with peer group, there are some very dedicated staff who do a great job in challenging times”. People are relaxed, settled, feel understood and listened to by staff.

People are able to pursue interests, maximise their independence and potential. People told us they enjoyed going to college in the day time. One person said they liked attending music sessions and showed us their own cd collection. They also enjoyed cooking evening meals and making cakes. When we visited in the evening staff were supporting people to make decisions about where they wanted to go, picture boards and sign language were being used to help promote choices. People went out that evening to buzz club, shopping, walking and to the pub. One professional commented on what was good about the home as ‘a good range of activities provided’, ‘development of student’s independence’ and ‘range of communication strategies/ skills’. A relative told us the person ‘goes out most evenings and weekends’. Another relative said there had been issues with a person accessing social

activities. They did say activities were happening now on a more regular basis. A staff and professional questionnaire highlighted issues with vehicles and drivers affecting people's access to activities. This needs to be addressed. We were told about people preparing to leave college as they were at the end of their three years and a prom night was to be held. We were informed about and shown photographs of people's achievements, taking part in both local and national competitions and attending award presentations. People are often able to do things that matter to them.

People may not always be confident their belongings will be looked after. Two relatives told us about people's clothing and other personal items going missing, wearing clothes that did not belong to them and on occasions returning home with other people's belongings. A professional also raised this as an issue and although measures had been put in place to prevent this, it continues to happen. When asked how the service could be improved a professional had commented "staff to have greater respect for student's belongings". People may not always be supported to access and choose their own clothes, take pride in their appearance and look after their personal belongings.

2. Care and Support

Summary

People have person centred care plans and risk assessments which are improving. These would benefit from including more detail to ensure they contain all the necessary information for staff to be able to follow to provide the necessary support.

Our findings

People receive the right care at the right time. We looked at the electronic care plans which were more person centred. The system itself was easy to use to find information about the support people needed and wanted. Staff we spoke with confirmed the electronic system was working well and they were able to access this in people's homes. We also spoke to a member of staff who was responsible for information technology (IT) and provided training and support to staff to resolve any issues. We identified care plans and risk assessments needed more information to be included in certain areas for them to be comprehensive. We spoke with staff who told us staff teams were being encouraged to contribute and suggest amendments to people's care plans to ensure appropriate support was offered. We evidenced care plans were being reviewed and updated and where changes had been made it was recorded which section this related to. We did notice that there was no evidence of staff signatures on care plans and risk assessments to show staff had read and understood them. We discussed this with the manager and responsible individual who will review how this can be achieved when using an electronic system. Communication books were being used in the homes to inform staff of any issues. Fifteen minute handovers will commence in September 2017 to ensure that all staff have the time they need to be discuss and read important information before supporting people. People are supported by staff who know them well and understand their needs.

People are safe and well. A 'safe to leave' document has been introduced to ensure staff are aware of the information they need to support people appropriately, gain experience of shadowing more experienced members of staff and feel confident in working safely on their own with individuals. We saw a copy of this which was being completed with a new member of staff. This was discussed this with the deputy manager who confirmed that if a staff member did not feel ready to provide direct support then this would not happen. Individual risk assessments are in place for people however from the two care plans we looked at, one did not include two areas identified as potential risks in other information held within their files. This was discussed with the manager and responsible individual. Risk assessments included actions for staff to take to prevent risks; they did not always include the action to take if an incident actually occurred and how they should respond. We saw individual risk assessment guidance on reviewing and updating this information and there is a process in place for risk assessments to be signed off prior to an activity taking place.

CSSIW are notified about incidents which have affected people's wellbeing and referrals are also made to the local safeguarding team. The regulation 27 visit report stated 'I am satisfied that at the time of this visit the young adults accommodated are effectively safeguarded and the conduct of the service promotes the well-being of everyone who lives there'. People are better protected by improving systems in place and information and support available to staff.

3. Environment

Summary

People feel valued living in accommodation which is homely and personalised.

Our findings

During this inspection we visited three homes. We saw picture boards on display and they were also being used by people and staff to aid interactions. People were able to spend time on their own as well as socialising with each other in communal areas and areas outside their homes. One person told us they were intending to paint their room themselves in a certain colour. Staff confirmed people were being asked what colours they would like their rooms to be to personalise these more for them and promote choice. Feedback for professionals included the property always appearing 'clean and tidy' when visited. One questionnaire commented 'automatic gate not working and padlock used however on one occasion no lock was used which meant the 'gate could be pushed open'. Another referred to the environment being potentially a 'very safe site' however the gate was not currently working. Issues with maintenance were mentioned in one questionnaire stating 'takes some time to get maintenance issues authorised i.e. key lock broken took two weeks to authorise change. This needs to be addressed. People feel valued in their homes.

4. Leadership and Management

Summary

Overall we found systems in place were more effective in ensuring people receive a good service. There is a clearer oversight of the residential homes and how they are being managed. There are a number of areas which should be considered so as to further enhance the service and continue to improve people's quality of life.

Our findings

Overall the management and oversight of the residential service has been strengthened. The responsible individual has spent time at the service to ensure the necessary improvements have been made. The management structure has changed with one person recently appointed to manage the residential homes. They are supported by four deputy managers who are responsible for no more than two homes each. Discussions with staff and deputy managers showed they understood their roles and responsibilities and job descriptions also clearly set out expectations. A new rota system has been implemented evidencing a more organised system for allocating staff and covering any shortfalls. Staff we spoke with confirmed consistent staff teams were providing support to people and this was working well. A staff member commented there was "less change, supporting the same residents more so now". A professional questionnaire stated "on my visits there has appeared to be sufficient staff for the needs of the house". Through discussion with management we were informed that seventeen members of staff had been employed with no agency staff being used in over a month. Bank staff were to be used to cover any shortfall.

Staff told us morale had improved and they felt valued and supported. Feedback included "the morale is a lot better"; "I feel things have improved" and "I enjoy working here now". One staff questionnaire stated "staff are well trained and supported by management in order to provide an excellent standard of care to students" and felt "very supportive". We spoke with the person who arranges all staff training and looked at the staff training schedule. This showed training was being provided for support staff as well as additional training aimed at those in more senior management roles. A sample of staff supervisions evidenced these were being carried out on a two monthly basis. Supervision records highlighted issues raised by staff had been addressed by the time of their next supervision session, which had helped to improve staff morale.

Systems had been implemented to more effectively monitor the quality of the service. The last regulation 27 report which had been carried out by an independent person on the 28 June 2017 also identified and made recommendations including staff team meetings, repairs, staff signing care plans and risk assessments. We spoke with the responsible individual about the changes which had been made since the last inspection. We found

there had been improvements regarding care plans and risk assessments, staffing levels and consistency, supervisions and support for staff. We evidenced that the action plan submitted to CSSIW had been implemented to make the necessary improvements to the service. According to the action plan the admissions process had been improved with admissions meetings and compatibility meetings held to identify any issues/ risks and evidence decision making regarding people living together. We looked at a list of information which is requested as part of the admissions process which was comprehensive. We saw a copy of the minutes from a compatibility meeting held on the 4th July 2017 regarding this years September intake. One electronic system was in place for care plans and associated information. We found this easy to access and contained information for staff to be able to follow to provide support. Monthly care plan audits were being carried out which identified any areas for improvements and amendments made, when changes occurred. We saw minutes of care quality group meetings which had been held. These included discussions with senior staff and management about monthly reports, handover documentation, risk assessments, care plans and action plans to demonstrate progress being made and what needed to be addressed.

We acknowledge that improvements have been made, however consideration also needs to be given to other areas to enhance and develop the service further. The statement of purpose and service user guide need to be reviewed to ensure they contain all the necessary information so that people and their representatives can make informed choices about whether the service can appropriately meet their needs. Feedback from visiting professionals identified areas which need to be addressed in relation to record keeping and information sharing. Requests for information were not always responded to and they had not always been kept updated about incidents which had occurred at the time. Consideration should be given to the importance of liaising with health and social care professionals to ensure information is shared in a timely manner in the best interest of the individuals residing there.

Feedback was variable in relation to communication with both good and bad experiences being shared by relatives. Relative's comments included being "told they would contact me to give me an update which happened for two weeks". Another relative said "cant get through at night and have to go there, nobody's given me a number. They say they will ring you back and they don't ring you back". Relatives also commented they "could raise concerns, got managers number and contact number for keyworker, got all numbers" and "any problems resolved pretty well", "let me know the slightest thing, on the phone all the time", "communication is great", "let me know if anything's wrong or dentist, doctors appointments" and "pretty good, keep in touch, queries are sorted out over the phone". Professionals also had mixed views about communication changes identified included "good levels of communication" and to improve communication between college, home, students, parents, carers and social services.

Feedback from professionals also varied regarding staff attitudes included 'some staff are really good but others not always great'. Staff attitudes were highlighted as an area the

service could improve on in professional questionnaires. Another professional in response to what was good about the home stated “positive attitudes towards clients in a positive environment”. Another commented “while engaging with staff on site, staff are always person centred and professional”. Team meetings at present are arranged at the end of each term. We spoke to the deputy managers about how regular staff team meetings specific to each house would provide opportunities for them to all meet together, share experiences, ideas and further improve the support provided. One of the professional questionnaires also stated “opportunities for care team and house manager to get together to discuss needs”.

Overall people benefit from using a service which is committed to improving.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

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| <ul style="list-style-type: none">• 10 (1) the registered provider and registered manager shall having regard to the size of the care home, the statement of purpose, and the number and needs of the service users, carry on or manage the care home with sufficient care, competence and skill. | Met at this inspection. |
|--|-------------------------|

5.2 Areas of non compliance identified at this inspection

There were no areas of non compliance identified at this inspection.

5.3 Recommendations for improvement

Review of the activities people are accessing, reasons for not attending activities and the availability of vehicles to identify any areas which need to be addressed.

Care and attention paid to the safe keeping of people's personal belongings.

Evidence that staff had read care plans, risk assessments and other associated documentation as signatures were not seen to be held on the electronic system.

Risk assessments did not always cover all areas of risk as identified in peoples care plans. Information in each section needs to be relevant and should include what action staff should take in the event of an incident occurring.

The staff debrief book did not always keep the focus on the staff member and support they needed following an incident.

Review gate security and maintenance issues to identify areas which need to be addressed.

The statement of purpose and service user guide must include all the necessary information.

Improve communication with visiting professionals and people's families to ensure important information is shared in a timely manner and they are kept informed of any incidents or changes.

Team meetings held more regularly which are specific to staff working in each home

would further promote communication, consistency and provide staff with opportunities to contribute to how best to support people and each other.

6. How we undertook this inspection

This was a full inspection which was also to check on the non compliance issued at the last inspection. An unannounced visit was made on the 12th July 2017 between 9:30 and 15:30. We visited again on the 17th July 2017 between 15:00 and 20:00.

The following methods were used:

- We visited seven people living in three of the homes. We spent time and spoke with them and their support staff. We also gave out questionnaires to people using the service, of which seven were returned.
- We spoke with eight staff, two deputy managers, the manager, principal and responsible individual. We gave out questionnaires to staff, of which two were returned.
- We contacted five relatives for their view of the service. We also received feedback from seven professionals.
- We looked at a range of records. In relation to people using the service we focused on two care plans and risk assessments, individual daily journals and communication books.
- We focused on two staff files, supervisions records, debrief log book, safe to leave document, training records, rotas and job descriptions.
- For leadership and management we focused on the services statement of purpose and service user guide, incident and accident records, regulation 27 visit report, minutes of management meetings, action plan and records held electronically.
- We provided feedback during our visit to both the manager and responsible individual.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home Younger
Registered Person	Cambian Whinfell School Ltd
Registered Manager(s)	Vacant
Registered maximum number of places	20
Date of previous CSSIW inspection	2 March 2017 and 3 March 2017
Dates of this Inspection visit(s)	12/07/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service does not provide an active offer of Welsh.
Additional Information:	