

# **Care and Social Services Inspectorate Wales**

**Care Standards Act 2000**

**Inspection report  
Care homes for younger adults**

**Coleg Elidyr**

Rhandirmwyn  
Llandovery  
SA20 ONL

**Date of publication – 1 April 2012**

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Registered managers:	David Moyle (Victoria House) Huw Sparkes (Randirmwyn) Kelly Morgan (Randirmwyn) Gyorgyi Kovacs (Randirmwyn) Carty Fox-Robinson (Randirmwyn)
Responsible Individuals:	Rev Cottam (Victoria House) David Sibbons (Rhandirmwyn)
Number of places:	53
Category:	Care Home - Younger Adults
Dates of this inspection :	13 <sup>th</sup> October 14 <sup>th</sup> October and 9 <sup>th</sup> November
Dates of other relevant contact since last report:	N/A
Date of previous report publication:	
Inspected by:	Marie Stirling

## **Introduction**

Coleg Elidyr Camphill Communities was based in two separate locations. These comprised of Victoria House, which was situated in the town of Llangadog, and Rhandirmwyn, which was located on the outskirts and North of Llandovery. Coleg Elidyr is primarily a college of further education and training for young people with special needs. In addition to being regulated by Care and Social Services Wales (CSSIW) the Rhandirmwyn site was also inspected by Ofsted and Estyn.

Each of the two locations had separate management structures. Llangadog is one site with one registered manager in place. The registered manager for Victoria House is David Moyle. Rhandirmwyn site outside Llandovery comprised of seven houses: Each of the houses had in place a house manager. The Rhandirmwyn site had a Team Leader Huw Sparkes who was registered with CSSIW.

## **Summary of inspection findings**

### **What does the service do well?**

The whole service continued to provide a safe and supportive environment which identified and met the health and personal care needs of the service users' who were resident.

Rhandirmwyn site and Victoria House promoted choice, independence and individuality and offered a wide range of social and recreational opportunities.

Coleg Elidyr promoted service user participation in regular house meetings and forum meetings.

The service promotes independent living skills in all houses.

Service users are encouraged to become involved and participate in their annual reviews.

A key worker system in place promotes continuity of care.

Service users are involved in the recruitment of new staff.

Supervision and appraisal of staff is regular and comprehensive.

The range of ongoing required and appropriate training was comprehensive and had continued to be a high priority.

### **What has improved since the last inspection?**

Wider use of widgets, symbols and flash cards to encourage those service users who may have communication difficulties.

70% of staff are now sign along trained.

Improved communication between education and care staff on the Rhandirmwyn site.

**What needs to be done to improve the service?****a.) priorities**

No requirements were made following the inspection.

**b.) other areas for improvement**

No issues were raised following the inspection.

**Inspection methods**

The inspection visits on 13<sup>th</sup> October 14<sup>th</sup> October ( Rhandirmwyn) and 9<sup>th</sup> November (Victoria House) were used to inspect documentary evidence, obtain verbal feedback from service users and staff, direct testing of policies and procedures, a tour of each house and the grounds, observation of practice, and the case tracking of service users. The latter involved looking at how the assessment process translated to the care plans and then how the care impacts directly on outcomes for the service users'. The Self Assessment of Service documentation (SAS) was comprehensively completed by the Team leader for Randirmwyn Huw Sparkes and the Registered Manager for Victoria House David Moyle. They were returned to CSSIW within the timescale required prior to the inspection visit. The information gained from these documents assisted in the inspection process.

The inspector would like to thank all those involved for their assistance during this inspection episode.

A more detailed report about findings in general can be found below and will include any requirements and recommendations. It is not practically possible for every aspect of the operation of an establishment to be observed on each visit. The absence of reference to a particular fault or issue does not mean that such a fault does not exist. It is the responsibility of the registered persons to ensure that in all respects the home operates in accordance with the relevant legislation, and national minimum standards.

**Choice of home**

**Inspector`s findings:**

Service users' files randomly examined during inspection evidenced that assessments were available which had been completed by social workers and health professionals prior to admission. In addition to this, comprehensive assessments had been undertaken by Coleg Elidyr which included thorough risk assessments. On the basis of this information Coleg Elidyr would offer a placement for further education and residential care. Files evidenced that documentation was signed by service users and / or their relative (if appropriate) to confirm their involvement in and agreement to decisions regarding their care. Emergency admissions were not accepted. Advocacy was available to all service users.

**Rhandirmwyn**

Rhandirmwyn site is not a home for life. It provides a service of further education and residential care for young adults aged between 18 years and 25 years. Each house had in place an individual statement of purpose and service user guide. These were well presented, comprehensive and in a format that service users' could understand for example using widget. Evidence was seen of comprehensive assessments of need completed by social care and health professionals and assessments carried out by Coleg Elidyr prior to any admission. Prospective service users' would be invited to the site to meet existing service users' and staff, stay for a meal and visit a number of different houses before a decision to stay was made.

**Victoria House**

Victoria House provided long term accommodation and work based activities to younger adults. An up to date statement of purpose and service user guide was in place specifically for the house. This was presented in brochure and video format. The service users at Victoria House had lived together for a number of years, the most recent admission being in 1999. However, the registered manager did have an admission procedure in place should a vacancy arise in the future. This would include initial assessment and inviting a prospective service user to the home to meet existing service users and staff, stay for a meal, plus overnight stays, if appropriate.

**Requirements made since the last inspection report which have been met:**

Action required	When completed	Regulation number

**Requirements which remain outstanding:**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

**Individual needs and choices**

**Inspector`s findings:**

**Victoria House and Rhandirmwyn**

Choice was part of the daily routine within each house and each individual service users timetable. This was evidenced in minutes of individual house meetings, daily logs, food diaries and in the clothes service users wore. Service users took part in meetings and forums. Feedback was always sought from service users' on a daily basis.

Examination of service users' files revealed that the standard of care planning continued to be a particular strength at both Rhandirmwyn and Victoria House. Plans of care presented as being comprehensive, well written and reflected each persons individuality. Service users' files that had been examined indicated that they had been supported to take calculated risks as part of an active and full life. There was good evidence of thorough risk assessments and specific risk management strategies were in place.

Informative daily logs were in place and maintained for all service users. These were seen to be used as a tool in addition to other information obtained when service users' risk assessments and care plans were reviewed. Evidence was seen that care plans had been reviewed on a regular basis with the service user, family and any other significant professionals. Service users' signatures on care plans evidenced their involvement throughout. Review documents evidenced that changing needs had been recorded and reflected in agreed updated care plans.

Observation on the days of inspection indicated that service user records were maintained in good order. Information held on files was easy to access and clear to read and understand. All documents appeared to be held appropriately, with regard to confidentiality, in line with the Data Protection Act.

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**Good practice recommendations:**

**Lifestyle**

**Inspector`s findings:**

Verbal feedback from service users and questionnaire responses from staff indicated that service users were actively involved in the running of their homes. Regular house meetings were held in each individual house which enabled service users to participate in the day to day running of the home making decisions regarding meals, social events and activities. During the inspection observations of daily routines reinforced this. There was many opportunities to maintain and develop new practical life skills, such as meal planning, shopping, cooking, washing and maintaining a pleasant environment. Staff support was available to enable service users to participate at whatever level needed.

**Victoria House**

Service users assisted with the running of a coffee shop in the village. They also made preserves which was sold both at the coffee shop and at a local farmers market. The inspector observed the skills some service users' had as weavers, this again resulted in the items that were made being available for sale.

**Rhandirmwyn**

The primary function of the Rhandirmwyn site was that of a college providing training courses. Estyn also inspected the site. Various leisure activities were also available on site such as the youth club and video nights. Small group holidays were planned to YMCA facilities and agreed by service users. A number of vehicles were made available at both sites for the use of service user trips and days out. All service users returned to their home during the holidays.

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**Good practice recommendations:**

**Personal and healthcare support**

**Inspector`s findings:**

There was evidence that procedures were in place at both Rhandirmwyn and Victoria House sites to monitor service user`s personal and health care needs. Any change in the needs of service users was evidenced and recorded.

Service users on both sites had varying degrees of need concerning personal care. Some were almost fully independent others required a considerable amount of support either through encouragement, one to one work or personal hands on care. The inspector observed when case tracking service users in each house setting that where support with personal care is needed this is delivered in a sensitive manner that respects individual choice and privacy. Nursing care was not provided.

Arrangements to provide health care are good. Health care provision was documented in the service user`s daily logs and care plans. Evidence was seen on files of interaction and involvement with other appropriate professionals to ensure service users health needs were supervised and reviewed on a regular basis. Service users at both locations were registered with local GP practices and in addition specialist support was sought on individual need when required. Support and transport was provided to attend outpatient appointments.

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**Good practice recommendations:**

**Staffing**

**Inspector`s findings:**

On the inspection visits sufficient staff was employed at both Rhandirmwyn and Victoria House to ensure adequate support for service users. Some staff had been recruited from overseas and were known as co-workers. During the inspection episode the inspector met and spoke to co-workers who both lived and worked on both sites, they appeared to have a good command of the English language. The inspector observed throughout the inspection episode positive relationships between co-workers and service users.

There was evidence that recruitment procedures continued to be rigorous as noted at previous inspections. Staff files contained all the required information including two written references and an enhanced Criminal Records Bureau / protection of vulnerable adults check. All new staff completed a comprehensive induction training programme and evidence of this was seen in individual files.

Observation of staff training records and discussion with staff evidenced that they possessed the skills and competence required to meet the current needs of service users. Well over 50% of staff had achieved or was in the process of achieving NVQ 2/3 or equivalent. The range of ongoing required and appropriate training was comprehensive and had continued to be a high priority. The previous inspection episode had noted good standards in this area and it was pleasing this had continued. There was a well equipped training facility on site.

There was documentary evidence that regular staff meetings took place and were actioned appropriately. This was reinforced by discussions with staff who also confirmed that supervision and appraisals took place at the required intervals. Staff records that were sampled indicated that supervision covered areas such as professional guidance, practical advice, performance monitoring and training and development needs. All supervision records examined were comprehensive and evidenced signatures from both the supervisor and supervisee.

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**Good practice recommendations:**

**Conduct and management of the home**

**Inspector`s findings:**

There was a clear sense of direction and leadership at Rhandirmwyn and Victoria House. Each house had a manager in post. The Responsible individual for Victoria House is Rev Cottam and the Responsible Individual for the Rhandirmwyn site is David Sibbons. Both had daily contact with the houses, service users and staff. Managers spoken with indicated that they felt supported to fulfil their roles effectively.

All documents sampled during the inspection and the information provided prior to the visits indicated that records required by regulation were well maintained. They had been reviewed regularly in order to ensure that they were up to date and relevant. The inspector directly observed that they were securely stored. Those relating to service users were written in valuing terminology and created a real picture of each individual. Records relevant to the smooth running of each house were maintained and accessible during the visits to the houses.

Policies and procedures required by CSSIW were in place and well written. They were accessible and had been updated as appropriate throughout the last year. Quality assurance systems were in place. The Self Assessment of Service documentation (SAS) was fully completed and returned to CSSIW within the timescale required prior to the inspection visit. The inspection visits then evidenced an accurate reflection of events and practices declared in the SAS.

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**Good practice recommendations:**

**Concerns, complaints and protection**

**Inspector`s findings:**

**Victoria House and Rhandirmwyn**

Coleg Elidyr had clear easily accessible policies and procedures in place regarding complaints. They were available on each house notice board and in each house information file in an easy to read format for service users’.

Records indicated that staff responded and recorded any concerns or complaints made by service users. Service users’ spoken with on the days of inspection expressed that they felt confident and comfortable in approaching staff with any issues. Records were kept of all concerns and / or complaints made with the detail of the investigation and any action taken. These records were examined on inspection and evidenced that managers of individual houses and on both sites responded appropriately to concerns and complaints raised with them.

Staff records show that regular adult protection training and supervision was in place to ensure that all care staff was fully aware of the policies and procedures provided in relation to protection and safeguarding the rights of service users living within the Coleg Elidyr environment.

There were very clear policies and practices for dealing with service users finances. Finances were dealt with by service users themselves with the support from staff.

No complaints had been received by CSSIW since the last inspection. The Inspectorate were not aware of any POVA issues since the last inspection.

An advocacy scheme was available to service users should they wish to use it.

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**Good practice recommendations:**

**The environment**

**Inspector`s findings:**

**Rhandirmwyn**

Rhandirmwyn site is set in substantial attractive grounds and situated in a rural location close to the town of Llandovery. The individual houses and grounds were maintained by a dedicated maintenance team. Each home appeared to provide a welcoming, comfortable, homely environment, with each being distinctly different. All houses had a shared space such as kitchen, dining area and sitting room. There were additional buildings on site which included a shop, a workshop areas and a youth club. There was also a working farm on site.

Each house was maintained and furnished to a good standard. Furnishings and fittings were domestic in style. There was evidence that refurbishment and redecoration was ongoing. Sufficient lighting, heating and ventilation was in place. All bedrooms provided single room accommodation and were suitably furnished. Service users personalised their bedrooms and took pride in displaying art and craft work.

**Victoria House**

Service users lived in an attractive and homely environment with access to a well maintained garden area. The home was positioned in the centre of Llangadog Village. It was very much in keeping with the local community. There was easy and direct access to a variety of local amenities and transport which service users used on a regular basis. This enabled service users the opportunity to integrate within the local community. Service users made regular visits to the shops, the local pub, the church and attended local activities.

The service users took pride in their home, personalising bedrooms and generally partaking in the daily routines of the house. No adaptations were necessary within the house. The standard of maintenance, decoration, furniture and fittings was good. There was evidence of an ongoing redecoration programme both internally and externally. A feature of the house was the large combined kitchen / dining room, a large lounge, and a small room with IT equipment. Sufficient bathrooms and toilets were in place. The home had adequate laundry facilities. Victoria House was observed to be comfortable, clean and free from odour. Policies and procedures for infection control were in place.

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**Good practice recommendations:**

## **A note on CSSIW's inspection and report process**

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.

The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: [www.cssiw.org.uk](http://www.cssiw.org.uk)

