

# **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**  
24 September 2009

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**Care and Social Services Inspectorate Wales**

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Responsible Individual:	Glenys Jones (Rhandirmwyn) Rev Cottam (Victoria House)
Head of Care:	Glenys Jones (Rhandirmwyn)
Registered manager:	David Moyle (Victoria House)
Number of places:	53
Category:	Care Home - Younger Adults
Dates of this inspection from:	11 May 2009 to: 21 May 2009
Dates of other relevant contact since last report:	
Date of previous report publication:	5 November 2008
Inspected by:	Marie Stirling
Lay assessor:	None

## Introduction

This report has been compiled following an inspection of the service undertaken by the 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. The report 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. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they 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, in writing, the appropriate regional office of the completion of any action required by CSSIW.

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)

### **Summary**

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 under their respective registered managers. Victoria House was one site with one registered manager in place. Rhandirmwyn site comprised of eight homes: Ty Rhieni, Nant Gwyn, Kantele, Ty Barnabas, Ty St Barbe, Ty Iori, Gardevias and Gwern Pwll. During this inspection episode each location was inspected as follows: Rhandirmwyn over a period of five days 11th – 15th May 2009 announced; Victoria House on 21<sup>st</sup> May 2009 unannounced for one day. The content of the report encompasses both sites.

The inspection was carried out over a period of several weeks and was based on a proportionate approach, in line with the policy of the Care and Social Services Inspectorate Wales. A plan of inspection was developed for the two individual locations. These were based on the detailed and comprehensive information provided within the self assessment documentation which had been completed by the Head of Care for Rhandirmwyn and the managers of individual homes, together with prior knowledge held by CSSIW. The self assessment documentation was completed by the Registered Manager for Victoria House.

The inspection visits were used to inspect the documentary evidence, obtain verbal feedback from service users and staff, direct testing of policies and procedures, a tour of both sites, observation of practice, and the case tracking of individual service users on both sites. The latter involved looking at how the assessment process translates to the care plans and then how the care impacts directly on outcomes for the service user. Information was also obtained from questionnaires sent out and returned from service users, family members, other professionals and staff from both sites. The inspector would like to thank all those involved for their assistance during this inspection episode.

### **Rhandirmwyn**

The ethos of the management was on providing a good quality of life for the service users at this site. This was demonstrated throughout the inspection following the examination of service user and staff documentation, policies and procedures by having discussion with service users and staff, and from the return of questionnaires. Independence was seen to be promoted.

A thorough admissions procedure was in place, with individual assessments of needs, trial visits, followed by a review. Care plans had been developed from the initial needs assessment and information provided by health and social care professionals. Input from service users and their representatives had been included. The inspector examined and case tracked the records of a sample of service users in each house to try to quantify the quality of care provided. Plans, risk assessments, and reviews were all signed by service users and/or their representatives. Service user timetables indicated a wide range of activities both learning and leisure. Health care was good. Systems were in place to monitor and manage specific conditions such as epilepsy.

Sufficient staff had been employed to meet the needs of the current service users. Some service users required a high level of support and this was catered for. A robust recruitment process was used and appropriate checks were made prior to employment. A comprehensive induction programme was in place alongside statutory training and other courses. A sample of staff files were seen and were in order.

Good communication systems were in place, managers meeting, house meetings, staff meetings, and informal discussion throughout the day. Supervision was in place at the required intervals. Health and safety procedures were of a good standard with checks and maintenance stated to be up to date on the completed technical checklist. Medication was appropriately administered, stored, and recorded.

Each house was individual and provided a comfortable environment for service users. Individual rooms had been personalised to the service users' tastes and reflected choices and interests. A good practice recommendation has been made to develop a service user guide and statement of purpose specific to the individual homes, rather than one which is generalised for the whole site.

Following the observation of work required and lack of toilet/ bathroom facilities in some houses the inspector was informed that a plan of work was in hand and this would be rectified in the summer holiday period. Houses were clean and hygienic with comfortable furnishings and fittings.

Service users were spoken with in every house and they were positive about their experience of the college and about the care they received from staff.

### **Victoria House**

Victoria House was a home in the centre of the village of Llangadog and provided residential accommodation for up to 10 service users. The main house provided accommodation to six service users and an annex provided a further three bedrooms for service users and staff accommodation. The ethos of Victoria House was open and inclusive which placed emphasis on the involvement of service users making informed decisions and choices. This was evidenced in discussion with service users and staff members. Documentation examined on the day of inspection also demonstrated a variety of experiences both leisure and learning opportunities that had been offered and undertaken by service users.

There had been no new service users since the last inspection visit. The last new service user took up residence in 1999. The Registered Manager confirmed that a full assessment would be undertaken of any future prospective service user. This would ensure that Victoria House could meet their needs and that they would be compatible with the existing service user group. The inspector examined a sample of service user files, these evidenced up to date care plans, risk assessments and multi disciplinary reviews having taken place.

Sufficient staff had been employed to meet the needs of the current service users. A robust recruitment process was used and appropriate checks were made prior to employment. A comprehensive induction programme was in place alongside statutory training and other courses. A sample of staff files were seen and were in order.

Communication systems were good and included house meetings, staff meetings, and informal discussions throughout the day. Supervision of staff was in place at the required intervals. Health and safety procedures were of a good standard with checks and maintenance stated to be up to date on the completed technical checklist. Medication was appropriately administered, stored, and recorded.

Victoria House provided a comfortable homely environment for service users, the single good-sized bedrooms had been personalised to reflect choices and interests. Locks were fitted to doors to enable service users to hold their own keys. The provision of bathrooms and toilets complied with the requirements of the National Minimum Standards. The house and annex was clean and hygienic with a good standard of furnishings and fittings. Fire safety regulations had been complied with.

Service users were spoken with on the inspection visit and they were very positive about the care they received from staff.

A more detailed report about findings for both sites in general can be found in the main body of the report. It is not practically possible for every aspect of the operation of an establishment to be observed on each visit. The absence of a particular fault or issue does not mean that such a fault does not exist. It is the responsibility of the registered person or persons to ensure that all aspects of the home operate in accordance with the relevant laws, regulations and national minimum standards.

## Choice of home

### **Inspector`s findings:**

Both Victoria House and Rhandirmwyn site had a service user guide / handbook and statement of purpose in place. These documents provided the information for prospective service users and their families to make an informed choice about where to live. They contained a description of the accommodation available, an overview of the services, facilities provided and the ethos of Camphill Communities. The service user guide demonstrated that the registered managers and care staff at both sites had in place the relevant qualifications and skills necessary to meet the assessed needs of service users.

On both sites the inspector examined service user files for the purpose of case tracking. Evidence was seen of comprehensive assessments completed by social workers and health professionals prior to admission. Assessments had been undertaken by Coleg Elidyr management, care plans and risk assessments were in place. In addition, 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. Each service user had a contract in place which outlined the terms and conditions of residency.

Prospective service users and their relatives were invited to visit prior to making a decision to stay, this enabled them to meet with other service users, meet with staff and to view the premises. The inspector was informed that placements were on a trial basis initially and this was followed by a review. Emergency admissions were not accepted. Advocacy was available to all service users.

There was written evidence of regular multi-agency reviews having taken place with the involvement of placing authorities and appropriate specialist practitioners. Feedback from service users spoken with on the days of inspection and the response from questionnaires returned from service users and relatives clearly reflected their satisfaction with the home and the services provided. Individual files contained evidence of needs having been met over time. There was also evidence that service users life aspirations remained central to the service provided.

### **Victoria House**

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.

### **Rhandirmwyn**

Following discussion with the head of care and individual managers it was agreed that it would be good practice to develop a service user guide and specific to the individual homes at the Rhandirmwyn site, rather than one which is generalised for the whole site.

**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:**

Each manager at the Rhandirmwyn site should produce an up to date service user guide specific to their own home. This should be in a format suitable the people for whom the home is intended. (Standard1 (1.1) (1.2) (1.3))

**Individual needs and choices**

**Inspector`s findings:**

In line with the proportionate approach to this inspection a selection of service users from each house and from both sites were identified for the purpose of case tracking. Examination of selected service users' files revealed that the standard of care planning was a particular strength at both Rhandirmwyn and Victoria House. Plans of care presented as well written and reflected each persons individuality. Each care plan examined set out the action that needed to be taken on a day to day basis by staff to ensure that all aspects of health, personal care and social care needs of the individual service user were being met. These plans also included any relevant specialist or professional advice or guidance concerning the care and wellbeing of service users. In addition, individual care plans examined evidenced a good level of involvement in decision making and choice by service users. Choice was seen to be both promoted and encouraged in relation to individual lifestyle, interests and activities. Assessments and care plans had been signed by service users and / or a representative and confirmed the involvement and agreement in decisions regarding their care.

Risk taking is recognised as an important part of developing independent living skills. Documentary evidence was seen of detailed risk assessments for many activities of daily living.

Informative daily logs were in place and maintained for all service users. The inspector examined a sample of logs for the purpose of case tracking. 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 involved. Review documents evidenced that changing needs were 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.

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

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**Requirements which remain outstanding:**

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

**New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good practice recommendations:**

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## Lifestyle

### **Inspector`s findings:**

Verbal feedback and questionnaire responses from both service users and 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. These appeared to promote independence, decision making and choice. They included 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. The use of widget was widely used to aid those service users who had communication difficulties. Links with the local community were established by shopping trips, visits to the pub, cinema and theatre trips and social functions.

All service users returned home during the holidays. Staff supported service users to maintain relationships with family and friends. Regular parent open days were held providing the opportunity for parents to see the work their children were producing and the achievements they were reaching.

On both sites staff were seen to treat service users with respect and dignity. Staff did not enter individual rooms without permission. On the inspection visits service users were asked if the inspector might see their rooms and, in most cases, the service user showed the inspector the room themselves. Previous hobbies and interests were supported and these were evidenced in individual bedrooms and around the houses.

Service users handle their own finances with support from staff. Many have access to their own bank accounts and enjoy using their card and pin number to withdraw money. Evidence of good recording systems was seen in relation to service users' money.

The inspector was present at mealtimes at both Victoria House and at houses at the Rhandirmwyn site. In each individual house the inspector observed that service users were offered a healthy and nutritional diet. Meals served on the days were seen to be well presented and appetising. Meals were taken as a family and the inspector observed meal times to be unhurried, happy and a time for socialisation. Specialist diets were catered for and also choices such as vegetarian. Service users participated in shopping, cooking, and clearing up according to individual abilities.

Relationships appeared to be sensitively handled with discreet information given between staff by way of incident reports where further advice and information might have been necessary to the service users concerned. Links had been maintained with the community nurse for confidential advice. Staff had recently attended a course on relationships and sexuality.

### **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 and Ofsted 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. During the inspection four service users from Ty St Barbe were in the process of organising a holiday break to Butlins with the assistance of staff. All service users returned to their home during the holidays.

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**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

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## Personal and healthcare support

### **Inspector`s findings:**

Coleg Elidyr required staff to provide personal support and care in a sensitive manner respecting individual choice, dignity, and privacy. This was enshrined within the policies and procedures in place, and in the ethos of both sites. Nursing care was not provided. Individuals who had particular medical conditions such as epilepsy or diabetes were assessed by managers prior to admission. Information was provided by health professionals, social workers, other appropriate professionals and families. This information would indicate whether the management and staff could provide the level of support and care necessary.

Arrangements to provide health care are good. Health care provision was documented in the service user's care plans daily logs. 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 sites 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.

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 home setting that where support with personal care is needed this is delivered in a sensitive manner that respects individual choice and privacy.

### **Victoria House**

All staff involved in the administration of medication had been trained. One service user was self-medicating and a risk assessment was in place. The medication had been audited weekly. A clear audit trail was in place. All medication observed was stored in a locked cupboard with hand washing facilities near by. Records were kept of the temperature of the storage area and this was satisfactory.

Service users were in general good health. Regular health checks had taken place and were appropriately documented. The local GP surgery provided good support according to the registered manager. Family dentists generally undertook dental care on visits home.

### **Rhandirmwyn**

All staff involved in the administration of medication had been trained. Medication storage, records, policies and procedures were examined at each house on the site. Records were up to date. All houses had a maximum / minimum thermometer in place, with records of the required daily temperatures. There was evidence that an error in medication was quickly identified and appropriate advice and action taken to avoid future similar incidents. This demonstrated that procedures were robust. Regular health checks had taken place. This was evidenced on inspection when a local GP was visiting Ty lori to undertake health checks with the service users who were resident. Family dentists generally undertook dental care on visits home.

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

Action required	When completed	Regulation number

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**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

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## Staffing

### **Inspector`s findings:**

At the time of inspection self assessment documentation and discussion with staff members indicated that sufficient staff was employed on both sites to ensure adequate support for service users. There was always a nominated person on call at both sites, the registered persons were available at short notice. Many of the staff that had been recruited come from abroad and were known as co-workers to the Coleg Eliydr community. Co-workers from abroad were encouraged to attend English lessons that had been provided by Coleg Eliydr. The inspector was informed that co-workers who did not gain an acceptable standard of both written and verbal English would be asked to leave. During the inspection episode the inspector met and spoke with 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-worker and service users.

Job descriptions were in place for all members of staff at Coleg Elidyr. A system was in place where staff signed a record to evidence that they had read and understood policies and procedures. Examination of staff records sampled and discussions with house managers confirmed that staff were competent to meet the assessed needs of service users. Agency staff had not been used at either site.

Staff working on both sites had in place individual training and development plans. Evidence was seen in staff files sampled in each house, of statutory training and other training relevant to the service user's care and support. All new staff completed a comprehensive induction training programme and evidence of this was seen in individual files.

There was documentary evidence that regular staff meetings took place and were actioned and recorded appropriately. This was reinforced by discussions with staff and questionnaire responses. The latter also confirmed that regular supervision took place. Staff records that were sampled indicated that supervision covered areas such as professional guidance, practical advice, performance monitoring and training and development needs. The supervision records evidenced signatures from both the supervisor and supervisee.

Staff, as part of their duties, both prepared food and assisted service users to prepare food. This was observed and seen to be done in an empowering manner. Food was prepared well, presented attractively, and was nutritious and tasty. Meal times were observed to be friendly and offered an opportunity for conversation. Staff shared meals with service users.

### **Victoria House**

Eleven staff worked at Victoria House. There had been four new staff members since the last inspection. The files were examined and were in order with all the required appropriate recruitment checks undertaken. Supervision was in place at two monthly intervals and appraisals had taken place. The registered manager and house manager held NVQ level 4, one co-worker held NVQ level 3 and the other co-workers were working toward NVQ level 2.

**Rhandirmwyn**

Staff appeared competent. There was a comprehensive record of all ongoing training in place. Selected staff files examined evidenced training in Adult Protection, First Aid, Food Hygiene, health and safety, Manual Handling and physical intervention. Some staff had undertaken more specialist training. This was also evidenced in conversation with staff. Examples were, training in knowledge of epilepsy and diabetes, discussing sex education with service users and dealing with challenging behaviours. It was clear that Rhandirmwyn took training seriously. The self-assessment document that was returned prior to the inspection visit demonstrated that compliance with the requirement for 50% training in NVQ Level 2/3 was good, which given the high turnover in staff, was very good.

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**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

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## Conduct and management of the home

### **Inspector`s findings:**

There appeared to be a clear sense of direction and leadership at both Rhandirmwyn and Victoria House sites. A commitment to equality of opportunity and to strategies for enabling service users to have a direct influence in the way their home was run was evident not only in written policies, but was observed working in practice. Service user's views were actively sought through the formal review and quality assurance procedure, service user house meetings and student forums. House managers on both sites were observed on inspection to be open and inclusive.

Quality assurance systems was in place for both sites and were carried out by the use of questionnaires, feedback at meetings, daily comments and complaints by service users. In addition feedback was sought from relatives/ representatives, staff and other professionals. There was satisfactory evidence that quality of care was continually reviewed on both a formal and informal basis. Policies and procedures were updated in response to legislation, good practice, and advice. Staff had to sign to indicate they had read policies and procedures and a complete policy file was held at each house and on each site.

The records that had been examined during the inspection and the information provided prior to the visits all indicated that records required by regulation were maintained. Those records relating to service users were securely stored and written in valuing terminology that created a real picture of each individual. Records relevant to the smooth running of both sites were maintained and accessible during the inspection episode.

### **Victoria House**

Victoria House was managed by Mr David Moyle who was appropriately qualified and been in post for a number of years. The Responsible Individual was Rev Cottam who was a regular visitor to the home. The required reports of the responsible individual for Victoria House were observed by the inspector and were found to be informative and insightful.

### **Rhandirmwyn**

At the Rhandirmwyn site individual homes had in place either a registered manager or experienced temporary manager who was in the process of registration. In addition to the individual managers Mrs Glenys Jones was both the responsible individual and head of care, she was appropriately qualified and experienced for this role.

In addition to the line management structure there was a head of finance, head of personnel and a training coordinator who supported the head of care and the individual registered managers of the homes with finance, staffing issues and training.

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

Action required	When completed	Regulation number

**Requirements which remain outstanding:**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation number</b>

**New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good practice recommendations:**

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**Concerns, complaints and protection**

**Inspector`s findings:**

**Victoria House and Rhandirmwyn**

A comprehensive complaints procedure was made available to service users and relatives. Following discussions with service users and the examination of the complaints records at each house on the days of inspection, it become clear that at both sites service users appeared to understand how to make a complaint. 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 were 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.

Copies of the Carmarthenshire County Council policy on the Protection of Vulnerable Adults were available in each house at both sites. An advocacy scheme was available to service users should they wish to use it.

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**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

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## Environment

### **Inspector`s findings:**

#### **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 appeared to take a pride in the home, personalising their own rooms and generally partaking in the daily routines of the house. No adaptations were necessary within the house. The main house provided accommodation to six service users and an annex provided a further three bedrooms for service users and staff accommodation. The standard of maintenance, decoration, furniture and fittings was very good. A feature of the main house was the large combined kitchen / dining room, a large lounge, and a small room with IT equipment. The annex also had a separate sitting / dining/ kitchen area. Sufficient bathrooms and toilets were in place. The house had a separate laundry. Victoria House was observed to be comfortable, clean and free from odour. Policies and procedures on infection control were in place.

#### **Rhandirmwyn**

Rhandirmwyn site was set in substantial grounds and situated north to the town of Llandovery. The individual homes and the grounds were maintained by a dedicated maintenance team. Although the layout of each house on this site were varied, ample shared space was provided by large kitchens, dining and sitting rooms. There were extensive grounds and additional buildings such as a shop, the youth club, numerous workshops and a farm.

Registration on this site was for:

Nantgwyn – 7 service users

Ty Barnabas – 3 service users

Kantele – 4 service users

Ty St Barbe – 4 service users

Ty lori – 8 service users

Gwern Pwll – 8 service users

Gardevias – 4 service users

Ty Rhieni – 6 service users

Since the last inspection it was observed that Kantele had been fitted with a new kitchen, new flooring and redecorated. However, the home did not have the required number of toilets and/or bathrooms for service users who were resident.

The inspector was informed that the layout would change in Ty St Barbe following the summer break in September 2009. A further bathroom/toilet and lounge area would be made available to service users in the house.

Nantgwyn has had new furniture in the lounge area and replacement beds.

It was observed that areas both internal and external of Ty lori was in need of renovation and decoration. The inspector was informed that improvements are planned for the outside steps, bathrooms, sitting room, and bedrooms regarding redecoration, furniture and fittings.

All service users in each house had a single bedroom. A sample of bedrooms seen during the inspection visit appeared to be clean and appropriately furnished and showing evidence of personal choices and interests.

Each of the houses was observed to be clean and free from odour. Arrangements and rotas to maintain hygiene was observed to be in place and satisfactory. There was a policy on control of infection. The kitchens and food stores were clean, well equipped / stocked and well organised. Appropriate laundry facilities were available in each house.

**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:**

The registered provider for the Rhandirmwyn site must ensure that all houses as identified in the report provide the required number of toilets and bathrooms and the areas identified in Ty lori house are redecorated / refurbished.