



# Care and Social Services Inspectorate Wales

## Care Standards Act 2000

### Inspection Report

#### Coleg Elidyr Care Home

Llandovery  
SA20 0NL

**Type of Inspection – Baseline**  
**Dates of inspection – 26 June and July 6 2014**  
**Date of publication – 20 October 2014**

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## Summary

### About the service

Coleg Elidyr Camphill Communities is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for up to 53 people with a range of learning disabilities. It provides a therapeutic environment with learning opportunities for young adults.

There are 6 homes, set within a 180 acre site; the different settings can offer accommodation for between 4 to 9 people. The home offers support for people for 41 weeks of the year. In addition to being regulated by CSSIW the college is inspected by Ofsted and Estyn. The service has recently been inspected by Estyn.

The home is owned by Coleg Elidyr Camphill Communities Carmarthenshire. The responsible individual is David Sibbons and the Registered Manager with day to day operational responsibility is Huw Sparkes, Carty Fox – Robinson and Kelly Woodhall.

### What type of inspection was carried out?

This inspection was instigated following CSSIW receiving concerns about safeguarding and the quality of management. We therefore carried out an unannounced scheduled inspection of the service to look at the issues raised. A routine baseline unannounced inspection was undertaken on the 28<sup>th</sup> June 2014 and a further follow up unannounced inspection was undertaken on 6<sup>th</sup> July 2014. During the first day of the inspection three inspectors were present; one inspector was present during the second.

During the visits we spoke to 16 members of staff, this included a number of volunteers and paid staff. Additionally, discussions took place with the Responsible Individual and the Registered Manager, in addition to having discussions with a number of people using the service.

We inspected four out of the six settings; this was because we spent a long time at two settings during the last inspection in February 2014.

### The following methodologies were also used:

- Observation of care practices
- Review of Safeguarding and DOLs policy
- Review of the staff hand book; which included sickness, grievances, disciplinary process, training and recruitment
- Review and case tracking of 7 care files
- Review of daily logs and staff communication book
- Review of 1 week's rota from each house
- Review of Regulation 38 forms and concerns
- Review of the site development plan
- Discussion with 1 person's representative
- Review of 3 staff files
- Review of service user meetings
- Review of safeguarding training
- Review of the statement of purpose
- Review of minutes from management meetings

### What does the service do well?

We observed the use of varied communication systems including signing, objects of reference, sign a long, pictures and other computer aided systems.

### What has improved since the last inspection?

- The organisation had provided epilepsy training and has introduced care plans to support staff in individuals' seizure management.
- The organisation had invested in a number of I-pads to support students.
- The organisation had recently reviewed its safeguarding procedure and had developed a safeguarding board to ensure decision making was more robust and decisions were not being made in isolation.
- The organisation's understanding of safeguarding and when to report concerns had improved.

### What needs to be done to improve the service?

CSSIW undertook an inspection in January 2014 and found there to be areas within the home that required refurbishment and maintenance. We (CSSIW) recommended that these be acted on at the last inspection, however, we found that this work had not been undertaken and we have therefore now issued a non compliance notice: We also highlighted additional environmental concerns which required action and could have a potential adverse effect on the people using the service. Following two unannounced inspections on the 27<sup>th</sup> June 2014 and 6<sup>th</sup> July 2014 we found the service to be non-compliant in the following areas.

This is a serious matter and we have issued a non compliance notice to the provider.

#### Regulation 13(4)(a)

##### Farm House

The service is non compliant with regulation 13(4)(a) because there was unnecessary risks to the health and safety of service users. Within the farm house we found a cupboard that contained COSHH chemicals. The door was hanging off the cupboard and there was no lock on the door as per regulatory requirements. We found that the water temperatures within the flats continued to be too high; this was raised within the last inspection and continues to need addressing. Additionally we found that there were no window restrictors on above ground level and the fire exit door was propped open leading to a high fire escape. The provider took immediate action following the inspection to fit a suitable lockable door to the COSHH cupboard.

#### Regulation 13(4)(a)

##### Nant Gwyn

The service is non compliant with regulation 13(4)(a) because there was unnecessary risk to the health and safety of service users. We found that the fire door at the bottom of the stairs and some doors upstairs did not close properly which was a fire risk; additionally we found an extension cable with multiple leads hanging down and coiled right next to the main doorway into the living room which also posed a risk. We found that not all windows had window restrictors in place and those that were in place had been deactivated at people's request. The provider has advised CSSIW that window restrictors have now been fitted.

**Regulation 24(2)(b)****Farm House**

The service is non complaint with regulation 24(2) (b) because the bathrooms within the flats were not in a good state of repair and the seal on the shower and grouting was discoloured and needed replacing.

**Nant Gwyn**

The service is non complaint with regulation 24(2)(b) because the grouting and seal within the downstairs shower room was blackened and engrained. The provider has advised that new seals and grouting have been replaced.

In addition to the above three (3) non compliance notices the following notifications and good practice recommendations are raised which will benefit the people using the service.

**Notifications:**

**1. Regulation 13(3)** - This is because there were not the necessary arrangements in place to prevent the spread of infection.

**Farm House**

On a visit to the farm house we found multiple toothbrushes and shaving equipment within one pot, four towels hung closely together behind the door, there was no toilet paper or hand towels and the soap had been watered down. Within the kitchen areas there were coloured chopping boards however, no guide for staff or people using the service about the meaning of the colour coding.

**Gardevias**

On a visit to Gardevias we found that the woodwork in the bathroom had not been varnished or painted. There is a requirement that woodwork within bathrooms need to be wipeable.

**Nant Gwyn**

On a visit to Nant Gwyn we found that there was no hand soap available within the down stairs bathroom.

**2. Regulation 24(2)(d) – This was because we found that areas were not reasonably decorated.**

**Farm House**

On a visit to the farm house we found that varnish was peeling off the woodwork within the bathrooms and the paintwork within a number of areas was discoloured and required painting

**Nant Gwyn**

On a visit to the Nant Gwyn we found that the carpet was old and stained, the paintwork within a number of areas was chipped and discoloured

**Ty St Barbe**

On a visit to Ty St Barbe we found that the paintwork within a number of areas was discoloured and required painting

**3. Regulation 4(1) – This was because when we reviewed the statement of purpose we found that there was a need for increased detail to meet the requirements within the regulations.**

**4. Regulation 18(1)(a) – This was because on reviewing the staff and guest volunteer**

rotas we found that the home was heavily reliant on guest volunteers to run the home, this was particularly evident during evenings and weekends. Regulation 18(1)(a) requires the provider to ensure that there are suitable qualified, competent, skilled and experienced persons working at the care home. Furthermore within standard 22.7 of the National Minimum Standards (NMS) it clearly states that the contribution of volunteers, supplements paid staff roles and volunteers should not undertake tasks which are the responsibility of paid staff. We recommend that the provider reviews the skill mix and management presence at the college during evenings and weekends.

We identified that practice could be improved if the following were put in place. We therefore drew these matters to the Responsible Individual's attention. Action needs to be taken to address these issues as compliance will be monitored at future inspections:

1. The provider should review the number of maintenance staff/maintenance arrangements for the college. ( NSM 24.2 + NSM 37.12)
2. The provider should introduce functional analysis forms to record behaviour incidents. This would inform individual's behaviour management plans and would assist in reviewing people's plans.
3. The provider should develop an intimate care policy and carefully considers people's needs and the gender of staff who support people (NMS 24.5)
4. The provider should consider providing updated training for guest volunteers after a number of months of receiving their initial induction training
5. The provider should ensure that actions agreed during house meetings are followed up at future meetings to ensure completion.
6. The provider should have better communication and involvement from commissioners in decisions and ensure that they advise them of any incidents which affect the people they have placed in a timely manner.
7. The provider should review the supervision arrangements of the Registered Manager.
8. The provider should review the format of daily recordings to reflect people's activities, health and well being. Furthermore all documentation needs to be identifiable, signed and dated. The provider took immediate action following the inspection and introduced an agreed daily log format.
9. The provider needs to review the storage of people's personal toiletries within bathroom areas. The provider advised that suitable storage facilities have been introduced since the inspection.
10. The provider needs to ensure that staff and volunteers have clear roles and responsibilities and that there are mechanisms in place to ensure that the quality of paper work, in particular daily recordings is of the required standard.

## Quality of life

Overall we found that people had opportunities and were supported to do activities within the setting and had access to the community. These activities included pamper evenings, walking groups, pub nights, gardening, youth clubs, swimming, church services and Zumba classes. Generally we found that people had the opportunity to access the community on average twice a week; and opportunities were provided to choose a monthly treat, last month a group of individuals within one setting choose to go to Oakwood Park. Whilst we were advised that people engaged in activities and this was also evidenced through people's financial records, we did not find that this was evidenced within people's daily records.

Staff demonstrated that they knew people's needs. We reviewed a number of people's care files and found that people had positive behaviour support plans and risk assessments in place to support staff in meeting people's needs. These also advised staff on people's individual likes / dislikes and personal preferences. For the majority of people the plans provided sufficient detail however, we found that in a few instances where people had more complex behaviours, plans lacked detail and there were no detailed behavioural monitoring forms which would be used to inform and review people's management plans.

We found that people had a voice, were offered choice and were encouraged to develop their daily living skills. This was because we found that there were frequent house meetings where the daily running of the home, meal choices, activities and any other issues were discussed. Whilst the meetings were recorded we found that the actions / requests from the previous meeting were not discussed and therefore it was unclear whether they had been actioned.

We spoke with one person's relatives who were very happy with the service, finding that their relative had become more confident and really progressed since being at the college. This was also evidenced during discussions with one experienced agency staff who stated that – "I love it here; people are given choice and offered opportunities depending upon their needs. When I come to the service it is really nice to see how much people have progressed."

We observed people supporting carers with lunch preparation and observed meal times which we found to be relaxed and sociable occasions where people using the service, staff and volunteers all sat together. People were offered healthy food that was generally home grown. We found that people were treated with dignity and respect. There was evidence of good engagement and interaction skills with staff signing and using inclusive communication strategies at all times.

Overall we found that Coleg Elidyr offered a truly unique service for people with a range of learning disabilities. People were offered numerous opportunities and we found that there was a clear enablement focus on developing skills and maximising people's potential. However, we would recommend that the home reviews the skills and experience of staff when supporting people with more complex behaviour problems.

## Quality of staffing

People using the service were supported by a paid staff team of twenty four staff and thirty two volunteers. The volunteers general worked around fifty six hours per week and supported the home during evenings and weekends. Each setting had a designated house manager; and they generally worked from Monday to Friday during office hours. Management presence on a weekend was minimal. A number of settings were supported by one paid staff member and up to four volunteers. Whilst volunteers had received induction training when they started at the setting, this was not updated or reviewed to check their competence and level of understanding. Records indicated that some volunteers experienced difficulties in meeting some people's needs.

We reviewed the use of agency staff used within the service. We found that agency staff were being used at the time of the inspection because of a lack of paid staff employed within the service. However, we found that the home does try to ensure that they use the same agency staff to ensure some continuity and on discussion with one agency worker we found that they were experienced and knowledgeable.

Alongside care staff people also had access to a speech and language therapist and a Psychologist; the latter visited the home every two weeks to support the home with people's behaviour management.

We can assure people that staff received mandatory training and specialist training in areas such as behaviour management, safeguarding, inclusive communication and signing. A number of staff had recently attended external safeguarding training to ensure that their understanding of safeguarding was enhanced.

Overall we found that staff genuinely cared for the people they supported however, would benefit from having enhanced person specific training for people with more complex needs.

## Quality of leadership and management

Overall we found that there had been improvements within the service over the past few years. This was supported by staff who stated that there was better integration between education and care, increased use of assistive technology, introduction of evidence based outcomes and an increased in the number of vehicles within the service. Whilst we found that there had been clear improvements within the service all the staff that we spoke to commented on the time taken to complete the daily target recording forms; finding that they took between 40 to 90 minutes a day to complete which took them away from supporting people using the service.

We were assured that the organisation had introduced robust measures in managing safeguarding concerns; these were introduced following failures of the organisation to refer numerous historical and more recent safeguarding concerns on to the relevant agencies. This had resulted in the organisation introducing a safeguarding board, which had a representative from a person using the service and a number of senior staff members. This was viewed as positive as it ensured that decisions were not being made in isolation. To support this review the organisation had consulted with external agencies to review their Safeguarding and Deprivation of Liberty Safeguards policies. The new policies were seen to support the organisation in ensuring that correct processes were followed to safeguard the people using the service. After discussion with staff and managers we were confident of their understanding on safeguarding.

We found that there were regular management board meetings to review the running of the college, discuss any concerns and provided a venue to discuss further developments within the college. However, we found that the Registered Manager did not have regular supervision, finding that the manager had management supervision three (3) times per year as opposed to ever other month which is required by the national minimum standards. We believe that the manager would benefit from have supervision from an appropriate qualified individual with experience in either a clinical or care background.

The statement of purpose did not fully reflect the service provided as required. It did not reflect the skills and experiences of senior staff, numbers, skills and training of staff and volunteers working within the setting. It also did not provide information for the supervision arrangements for people working at the service.

Overall we found that the organisation was committed to developing the service.

## Quality of environment

The college is set within 180 acres of farm land in a rural location. We found that the setting was safe and offered people the opportunity to walk around the large grounds semi independently. The guest volunteers were provided with accommodation within the college, some of whom were accommodated within the homes where the learners lived. We inspected four settings and visited all communal areas which included kitchens, dining rooms, lounges and bathroom facilities. A number of people using the service showed us their bedrooms and we were advised that people had the opportunity to personalise their bedrooms if they wished.

Overall we found that the settings we visited were homely however, standards varied. Some homes appeared to have undergone some redecoration and modernisation, whilst others appeared tired and in need of modernisation and redecoration. We found that one of the good practice recommendations made during the last inspection had been acted upon; finding that two people's bedrooms had been redecorated with new carpets. However, the recommendations made about redecorating two bathrooms and addressing water temperatures within one setting had not been acted upon. In addition to these issues we also observed that there was a need for redecoration within a number of areas as well as finding a number of health and safety concerns which were feedback to the Registered Manager. These were referred to in pages three and four of this report.

During the inspection we found that there were three maintenance men who had responsibility for maintenance within the college and two other associated settings. The staff that we spoke to reported that the maintenance men appeared stressed due to the volume of work within a number of very old settings that had high maintenance needs. Despite staff reporting concerns to the maintenance department there were frequent delays in their response.

Overall we were pleased that the organisation had committed to investing on refurbishment, one setting had been purpose built and that there had been an investment in assistive technology to support a person with health needs. However, we found that due to the size and the age of a number of the buildings there was a need for modernisation and redecoration in a number of areas. We reviewed the organisation site development plan and did not find that the work we highlighted as being needed was neither reflected nor planned.



**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.

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