



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

Inspection Report on

Coleg Elidyr Care Home

**Rhandirmwyn
Llandovery
SA20 0NL**

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Description of the service

Coleg Elidyr Camphill Communities Carmarthenshire is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for up to 53 people with learning disabilities. It provides a therapeutic environment with learning opportunities for young adults. The main site at Rhandirmwyn has 6 separate residential houses. There are Nantgwyn, Ty St Barbe, Gardevais, Ty Rhieni, Ty Iori and Gwernpwll Farmhouse. They all provide a different atmosphere and offer accommodation during term time and accommodate up to 53 people.

In addition to being regulated by Care and Social Services Wales (CSSIW) the Rhandirmwyn site is also inspected by Ofsted and Estyn. The home is owned by Coleg Elidyr Camphill Communities Carmarthenshire. There is a responsible individual. The registered manager with day to day responsibility is Huw Sparkes.

Summary of our findings

1. Overall assessment

We found evidence of good care practices supported by an effective quality assurance system. People are individually supported to make choices and be as active and independent as they can be. They have a variety of things to look forward to whilst living at the home and told us they like living there. The service offers spacious comfortable accommodation within a large rural setting.

2. Improvements

The service has developed a more reflective practice approach and this was seen in the regular weekly meetings and inclusion in the supervision process.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home. Below is a summary of the key issues.

- We recommended that Dols Authorisations should be held in the persons file. In addition that any best interest discussions are also recorded.

- We recommended that a medication competency check is introduced as part of quality assurance practises.

1. Well-being

Summary

People are supported to access a wide range of activities of their choice and are actively involved in their communities. People are supported by staff that have a good understanding of their individual needs. Staff skilfully put their training into practice by engaging with people by using a range of verbal and non-verbal communication.

Our findings

People relate well and have good relationships with staff and volunteers and are encouraged to express themselves. We observed the registered manager and care workers giving people the individual attention they needed in a relaxed and respectful way. The quality of interactions demonstrated genuine affection, care and concern for the participant. Staff were seen to treat people with respect as valued and recognised their experience and age. One person told us *“the staff here are really great, they help me to learn how to do new things.”* We observed staff and volunteers taking time and using various methods to communicate with people throughout the inspection. All staff and volunteers had completed training on total communication techniques. There were total communication trainers within the service. They provided training and support on a daily basis. We saw staff interacting with people during lunch. Lunch was seen to be a communal activity. This was a time where staff, volunteers and people assisted in laying the table, serving the food and cleaning up after eating. We saw that lunch was a time of day that everyone enjoyed. We saw staff and volunteers interacting with people in a friendly inclusive manner. Evidence supports the view that people are happy and all attempts at communication are valued.

People are supported to make choices and benefit from a healthy diet. People were happy to let us sit with them during lunch. We saw the food was healthy and well presented. We observed staff offering choice on food and hot drinks. We saw a volunteer who assisted someone to eat. This was done subtly and with great sensitivity. It was clear that people were comfortable with each other. A staff member told us that *“they enjoyed lunchtimes as it was a time to all get together as a family”*. A person told us there had been a recent event where staff and volunteers had prepared food from their countries of origin. They said they *“had enjoyed the different foods”*. Another person told us that *“they enjoyed the food and always have choice”*. A relative told us *“the food there is great; my son is healthy and put on weight since living there”*. A relative told us that *“they care about him in every way”* and other relative told us that *“I can’t fault it; he has come on in leaps and bounds”*. Therefore, people have choice and are encouraged to eat healthily.

People enjoy themselves, and are fulfilled emotionally, socially, physically and intellectually. We found a range of both education and social activities that people chose to be involved

in. One person told us that they enjoyed volunteering at the National Botanical Gardens. In addition we saw them working at the on-site shop, of which they told us *“they enjoyed”*. Staff told us that such activities had *“improved the person’s confidence”*, and made a significant difference to their life. This was evidenced in their support plan with a number of goals achieved. They told us that they were proud of their achievements. They were also part of a move-on plan into more independent living. Another person told us they were developing an on-site newspaper and showed us the first draft of the paper. We saw it was formatted like a national newspaper and included a range of articles. They explained their role in the papers development, stating they *“enjoyed interviewing staff”* as part of the range of articles. The house manager told us that the person was *“benefiting both socially and educationally”* from this initiative.

We saw that people had access to a range of educational, vocational and social activities. These activities ranged from weaving and information technology, to assisting on the farm and cultivating herbs and vegetables in the garden. Social activities included attending the on-site youth club, playing football and Zumba. People told us that they enjoyed going out into the wider community. One person told us they enjoyed *“pub nights and visiting the local café”*. Therefore, people are enabled to do things for themselves, maintain, recover and develop new skills.

People benefit from good risk management measures to protect them from risk and harm. This included detailed risk assessments and behaviour management plans. Both promoted independence through least restrictive arrangements. We were informed by the registered manager that Deprivation of Liberty Safeguards (Dols) authorisations had been completed for everyone living at Coleg Elidyr. However these authorisations were held at the central office with no reference within individual care records. We recommended that this information should be held in the persons file. In addition that any best interest discussions were also recorded. We looked at the training matrix and saw that all staff had completed Dols training. The registered manager agreed that this information would be included in future. The registered manager told us that communication with the local authority in relation to Dols was difficult due to the increase of referrals, but would continue to request updates. Family members told us they felt their relatives were *“safe and cared for by the team at the College”*. People told us they felt safe and enjoyed the range of activities at Coleg Elidyr. People, therefore feel safe and are protected from avoidable harm or neglect.

People benefit from staff that understand and work safely with medication. The storage of medication was appropriate, and room temperatures recorded on a daily basis. We saw a newly developed dedicated medication room. In addition we saw a well managed medication process in Ty Rhieni House. We discussed with a staff member the process for administering medication. They were able to provide detailed information on the medication, frequency of administration and how the individual was supported to take their medication. They also told us they were *“confident in administering medication”*. However we recommended that a medication competency check is introduced as part of quality

assurance practises. We saw that all medication administered was accurately recorded in medication administration record (MAR) charts in line with “The Handling of Medicines in Social Care” (The Royal Pharmaceutical Society). Therefore people benefit from the safe storage and administration of medication.

2. Care and Support

Summary

People are supported by staff, that have a good understanding of their care and support needs which are underpinned by a person centred care model. People are encouraged to make decisions, be independent and to contribute to the running of the household while staying at the home.

Our findings

People receive the right care at the right time in they way they want it. We found that care plans were regularly reviewed in collaboration with people who live at the home and are signed for by the person or their representative where appropriate. We found that these care plans and reviews were individualised and contained good quality information, social histories and the person's needs and preferences. Care plans and reviews identified the outcomes that were important to people and documented whether these outcomes were achieved. We discussed this with the managers at Ty lori and Nantgwyn who stated they worked with people to develop their outcomes based on what's important to them. Records included assessments that supported a planned approach to risk taking. One person told us *"I like being able to try new things and get more ideas about others"*. Therefore, this demonstrates that individual needs and preferences are understood and anticipated.

People are involved in making decisions about their care. People told us that they follow their own routines, when to get up, go to bed, and have a shower or bath for example. We saw that people were actively involved in all aspects of daily living such doing their own laundry, making food and housekeeping. People told us they chose what they wanted to eat. When we looked at records we saw people's food preferences recorded and that people had eaten the food they had chosen. We observed people making choices about what they would eat that day. One person told us that they prepared their own meals with staff support. We saw that staff gave people support without taking over the task. Records showed us that people were being encouraged and supported to eat well and to have a good diet. We saw that the home was stocked with an ample supply of provisions for people to make their choices. We were told that if anything different was needed people went shopping for it with staff support and also went to the on site shop for provisions. People were involved in other various domestic tasks. We saw a daily cleaning schedule on display in the kitchen for staff to follow. We noted that staff and people staying at the home had done some of these tasks together, which people told us they enjoyed. This shows that people receive the right care and support at the right time in the way they want it.

People receive care and support from staff who are vetted and receive training and supervision. We saw that recruitment checks were being carried out to assess whether people were suitable to work at the home. This was followed by a probationary period and structured induction training using the social care induction framework. We saw a training matrix and individual staff records that evidenced this, showing that each staff member had a training plan. Staff were having one to one supervision meetings with the registered manager on a regular basis as part of ongoing appraisal. A previous CSSIW inspection had recommended that the service develop a more reflective practice approach and this was seen in the regular weekly meetings and inclusion in the supervision process. Staff we spoke with confirmed the evidence we saw recorded such as the supervision notes and regular reflective practice meetings. Staff told us that they have confidence in the senior management team. The home uses volunteers as part of it's workforce to positive effect and applies the same vetting procedures to volunteers as it does to employees. This shows that people benefit from a service where staff are well led, supported and trained.

3. Environment

Summary

We found Coleg Elidyr provides a homely but stimulating environment that is well maintained. We found ample internal and external space and good facilities to meet the needs of people living at the home. People can be assured that they are safe and protected from risk by experienced staff that are well trained in risk management and health and safety procedures.

Our findings

People can be assured that they are supported in safe, secure and well maintained surroundings. On entering the main reception area we were asked to sign a visitors' book. We were also provided with a guest badge. We were required to wear this badge at all times throughout the course of the inspection. We were also requested to sign a guest book located in each of the homes visited. We saw both the internal and external environment were maintained to a high standard. We saw there were ongoing maintenance programmes. These provided a programme of maintenance and quality improvement to both the homes and the external environment. We were shown a maintenance plan. This detailed a comprehensive programme of work up until 2020. It included areas such as kitchen upgrades, internal redecoration, bathroom replacements and replacement of windows and doors. We saw in one of the homes, Gwernpwll Farmhouse, a new kitchen had been fitted along with a dedicated medication room and upgrades to the lounge/ dining area. We saw this had been done to a high standard. People living in the home told us *"they were happy living there"* and that they *"felt safe"*. Staff told us that *"there is always work going on for the benefit of people living here"*. Relatives told us *"it's wonderful; I was really impressed when I first saw the place"* and *"its fine, and he appreciates having his own space."*

At the time of the inspection we saw a large building development. We were told that this would provide new accommodation for ten people. In addition we were provided with detailed information on further developments. These included a new well-being and education centre. We saw risk assessments and health and safety procedures were in place to ensure people were safe. These were detailed and also provided in pictorial format. We saw people had individual risk assessments that were reviewed at regular intervals. In addition people had been provided with guided tours to the new developments. The responsible individual has overall health and safety responsibilities. Additionally we saw they were audited four times a year by Trustees with specific skills in relation to health and safety. Therefore people can be confident that appropriate steps have been taken to protect them from risk.

People are able to influence and are consulted on the facilities and equipment provided to support them. We saw that people and relatives were well informed and provided with opportunities to contribute on a regular basis. We saw minutes of a health and safety committee meeting. People living at the home were part of the committee and contributed to the meeting. We saw a learner's forum, as well as weekly house meetings. In addition parents were also very much involved. Parent association meetings are organised at least six times each year. These all provided an opportunity to influence the way Coleg Elidyr is run. Evidence supports the view that people have opportunities for good quality communication and engagement.

People can be confident that they are able to live in a homely environment, which was suitable for their individual needs. This is because the homes were furnished to a high standard with emphasis placed on design and a sense of familiarity. Each individual bedroom and apartment was spacious and nicely decorated. We saw staff worked closely with individuals to ensure there was a personal touch to each bedroom. We saw photographs and posters which reflected the interests and lives of the individuals living at the home. In addition we saw notice and activity boards. These highlighted the range of activities that people continued to access, both within Coleg Elidyr and in the wider community. Information was provided in a range of formats, ensuring total communication was maintained. One person living at the home told us that they *"loved living here with their friends"*. A family member told us that *"I am a very happy parent, I like its inclusive nature and he loves it there"*. Evidence supports the view that people live in accommodation that maximises independence and provides a sense of wellbeing.

4. Leadership and Management

Summary

Leadership and management at the home focussed on continuous improvement that is steered by the implementation of the home's vision and values for support and underpinned by the home's quality improvement cycle. The support of the senior management team has a significant impact on the development of the quality of care systems at the home and motivation of the staff team.

Our findings

People know and understand the care, support and opportunities which are available to them. We saw a detailed statement of purpose and service user guide which were available in pictorial format. The home placed an emphasis on making information easy to read and accessible to people and was evident in the signs and information viewed during the inspection. They described the philosophy of care and the service aims which emphasised experiential, practical learning and, focussing on people's abilities rather than disabilities. Staff were observed working in a way that demonstrated these values such as emphasising the abilities of what one person was able to achieve when preparing their own food. Staff were seen to interact with people using a range of communication techniques such as gestures, symbols and engaging with people's unique forms of communication (total communication). This was informed by communication plans which detailed all aspects of their different communication needs. People are cared for by staff who are aware of people's communication needs and interacted with people in a sensitive and patient manner. Therefore the vision, values and purpose of the service are clear

People receive care and support from a service which sets high standards for itself, is committed to quality assurance and constant improvement. The service has a robust 'quality improvement cycle' process that draws on regular quality assurance procedures and takes account of the views of people. The monthly audits of all aspects of the service viewed were being carried out by the registered manager. This was being overseen by the responsible individual. People were actively involved in reviewing the quality of the service and were being asked for their views on a regular basis. We saw from records that people were asked to describe their experience of living at Coleg Elidyr. Records showed that visits were carried out by responsible individual at the required frequency and were seen to be detailed and of good quality. The registered manager told us that the support they received from the Board of the organisation was very good and "*I am in regular contact with them at any time if I need to discuss something with them*". The registered manager went on to say that "*there is a quality visit from someone in the board almost monthly basis. They are very*

experienced and very involved". Therefore people are able to contribute to the improvement of the service.

People receive care and support from staff who are vetted and receive training and supervision. We saw that recruitment checks were being carried out to assess whether people were suitable to work at the home. This was followed by a probationary period and structured induction training which was in line with the Care Council for Wales Social Care Induction Framework. We saw a training matrix and individual staff records that evidenced this, showing that each staff member had a training plan. Staff were having one to one supervision meetings with the manager on a regular basis. Staff we spoke with confirmed the evidence we saw recorded and demonstrated a good understanding of the training and its application to practice. They also said that they were well supported by the management team and the responsible individual. There was a sense of pride in the role they undertake and the philosophy of the home. This shows that people benefit from a service where staff are well led, supported and trained.

Policies and procedures are available to support practice at the home. For example, there was a clear policy on physical intervention, quality of care and protecting people from harm and abuse and we viewed recordings which evidenced that this was being followed. One house manager told us that *"there is good clear guidance from the registered manager and there are policy and procedures for our service which are updated regularly"*. They went on to say *"we are regularly asked to comment on the different policies to try to improve them"*. Overall, the evidence demonstrates that people benefit from care and support that is underpinned by clear guidance and policy.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- We recommended that DOLS Authorisations should be held in the persons file. In addition that any best interest discussions are also recorded to ensure that staff have the appropriate information available to them.
- We recommended that a medication competency checklist is introduced as part of quality assurance practises. This should ensure the service can be confident that medication administration competence is regularly monitored.

6. How we undertook this inspection

We undertook a full inspection of the service looking at the four themes. The methodology used at this inspection included:

During the inspection we spoke with the following:

- Five (5) people living at the home;
- Three (3) relatives;
- Nine (9) staff;
- The registered manager;
- The responsible individual.

We looked at:

- Three care records of people living in the home;
- Four staff files;
- The Statement of Purpose;
- Service User Information Guide;
- The maintenance book;
- The annual quality report;
- The reports of Regulation 27 visits.

In addition, we

- Toured the home;
- The Short Observational Framework for Inspection (SOFI) was used during inspection. The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us. However, informal observations were also noted of interactions in the home.

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	Coleg Elidyr Camphill Communities
Registered Manager(s)	Huw Sparkes
Registered maximum number of places	53
Date of previous CSSIW inspection	Friday, 11 December 2015
Dates of this Inspection visit(s)	02/03/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	