



Inspection Report on

Caerlan

**Caerlan Farm
East Caerlan Farm
Newbridge Road
Llantrisant
CF72 8EX**

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Description of the service

Caerlan is a small service that is registered with Care Inspectorate Wales (CIW) to provide care and accommodation for up to seven people aged 18 to 64 years, who have a learning disability or autism spectrum disorder. The home is in a rural setting in Llantrisant- there is a main house which can accommodate up to six residents and an additional adjacent bungalow which can accommodate one resident.

The registered provider is Parkcare Homes (No 2) Ltd and they have a nominated person to oversee the service (Responsible Individual). The manager is registered with CIW and Social Care Wales (SCW) as required.

Summary of our findings

1. Overall assessment

Overall, we found that residents are supported by a staff team that are able to anticipate and support their needs, that residents are given good choice and their wellbeing is key. Whilst there are significant risks due to the nature of needs supported, these were managed well by an informed staff team who appeared to know residents very well. In addition, robust risk management plans were also in place which are clear to follow and regularly reviewed. Staff on the whole appeared happy in their work and talked of a supportive manager, who is approachable.

2. Improvements

At the time of the last inspection, the following areas were identified as requiring improvement:

- **Statement of Purpose (Regulation 4 (1) (c) (Schedule 1).** *We noted that a new statement of purpose has been written for the application for the service to re-register under the Registration and Inspection of Social Care (Wales) Act 2016. The manager was able to tell us what was requested at the last inspection and what has been changed. We therefore conclude that this requirement is now being met.*
- **Administration of medication (Regulation 13 (2)).** *We looked at medication administration records and the storage of medication. We found that PRN (as required medication) required more detailed documentation, but that improvements had been made in the monitoring and storage of medication. We therefore determine that this regulation is now being met.*
- **Service users' plan (Regulation 15(2) (c)).** *At the time of this inspection, we found that the care documentation we sampled was being kept under appropriate review,*

although we did make a recommendation regarding updating risk assessments. We therefore conclude that this regulation is now being met.

- **Supervision of staff (Regulation 18 (2)).** *We sampled four staff personnel files and found evidence of regular supervision in all of them. However, we recommended there could be more frequent sessions for one care worker who was still on probation. Overall, we consider this regulation has now been met.*
- **Recruitment records (Regulation 19 (2) (d)).** *We were informed that the provider's HR department only forwarded information to managers for the last three years' employment history, however that has now changed. Of the files we sampled, all had appropriate recruitment and vetting information. We therefore find that this requirement has been met.*

3. Requirements and recommendations

There were no areas identified where we did not feel the service was meeting its regulatory requirements. We have made some recommendations for good practice, which are outlined at the end of this report.

1. Well-being

Summary

Overall, we found Caerlan promoted the wellbeing of the people that live there, within the boundaries of the risks associated with their complex needs. People are given choice, and care workers encourage and facilitate them to have things they want, in the way that they want them.

Our findings

Caerlan promotes people's emotional wellbeing by looking at different methods of communicating feelings, choices, and needs.

We noted that care documentation makes it clear how different people are most effectively and respectfully communicated with, both verbally and non-verbally. One resident showed us a sheet with a pictorial guide of different emotions that they used to make sense of how they felt sometimes. They told us *"sometimes I don't know how I feel... I look at these...and then the staff can see which ones I've picked"*. We also saw flash cards used by a non-verbal resident to request certain items or describe certain emotions.

Our findings suggest that people are encouraged to recognise their feelings and communicate these to improve their emotional well-being.

Residents are supported to not only maintain a balanced diet, and good fluid intake, but also to enjoy the experience of eating.

We looked through the kitchen and found there to be a plentiful stock of a wide variety of food. Care workers told us that some of the residents like specific, strong-smelling food, which they find to be a sensory experience, as much as a meal time. We saw others have certain days where they like a particular meal, such as takeaway on Thursday. One person has support to cook their own meal one day per week, with a view to building up their living skills. The manager and a care worker told us about food-based activities that one resident enjoys, such as taster sessions of different strong cheeses.

From these findings, we conclude that residents have choice of food and drinks, as well as support to get the most out of mealtimes as they can.

People can be reassured that they will be given the intensity of support they require.

Caerlan currently has five residents with complex needs. All residents require 1:1 or 2:1 support at home and out in the community. On the day we visited, we found there to be an appropriate number of care workers on duty to fulfil these requirements, as well as the manager. The senior care worker told us that the pairing of resident and care worker is decided on a rota basis, and there is a noticeboard with residents' and care workers' photos so there is an instant visual reminder to residents who will be working that day. We saw that some residents require more intense support than others, and as such care workers are rotated throughout the day to prevent breakdown in relationships. Two residents have their own mobility vehicles, which enable them to be taken out in the community separately from the other residents if this is necessary. There is also a house vehicle, which is also used for community trips.

We saw evidence of a variety of activities available to residents. One person told us that they were in a choir and performed in local concerts. Another person told us they go on

overnight stays to follow the filming of a TV programme that they enjoy. We also saw photographs and activity sheets for other residents.

We saw from staff rotas that there are three waking care workers overnight. One staff member told us that this is usually sufficient, however if there is more than one person who requires assistance at the same time, and some residents require 2:1 support, it can feel like there are not enough staff. We looked at incident records, but did not find any pattern of incidents occurring during the night, and so it does not appear that this level of night staff is affecting the well-being of the residents.

Overall, we found that residents' are encouraged to participate in activities and trips by having the same member of staff support them all day.

2. Care and Support

Summary

Overall, people living at Caerlan have comprehensive care documentation which enables care workers to provide them with the right care at the right time, and minimise risk to their personal safety. We found one instance where documentation required updating in accordance with a recent change in a resident's circumstances. The number of medications people receive are kept to a safe minimum, and are administered as prescribed.

Our findings

People can be reassured that their care workers have personalised, up to date information in order to provide competent and timely care which minimises risk to the safety of all parties.

We examined all the relevant documentation for two people's care including care plans, risk assessments, behaviour plans, capacity assessments, and daily records. We found that these were mostly reviewed and updated regularly. We noted that one resident had recently had their sleeping and eating arrangements changed to enhance their daily living skills, but this had not yet been referenced in their care documents. We recommended to the manager that this was addressed straight away as there could be risk to the care workers of being injured by the resident, using this new furniture. We saw that capacity assessments were completed for individual, specific, decisions; and that best interest decisions were evident in the cases when the person was deemed not to have the capacity to make the choice themselves. We were told that the service has a good relationship with the psychiatrist, who visits people at Caerlan once a month. We found the manager and the staff to have an awareness of the young age range of the people living at Caerlan, and how this could affect the things they want to do and the decisions they make.

We saw detailed, comprehensive behaviour management plans developed by the in-house positive behaviour support practitioner, which provided a clear 'traffic light system' for care workers to identify what action to take in response to the presentation of escalating challenging behaviour. Incident reports also appeared to have been completed appropriately and analysed by the support practitioner to identify any trends or triggers that could be addressed to minimise reoccurrence of the behaviour.

We conclude that the service responds well to the changing, complex needs of the people receiving care, and care workers can feel confident in providing care they know is effective.

Senior care workers administer medication to people as prescribed.

We were shown the treatment room in the home, in which all medication is securely stored. The items of medication we sampled were in date and stored correctly. At present, nobody receives temperature-dependent drugs, although the service do have a refrigerator.

Similarly, there are no residents currently prescribed controlled drugs, although the appropriate documents to record controlled drugs are in place. Medication Administration records were signed consistently, although there were no current examples of staff recording the effectiveness of PRN (as needed) medication for us to see. We viewed an audit report from NHS Wales Quality Assurance Improvement team, which stated that they found "*robust medication management processes in place*". We were told by the manager

that the service aims to reduce the number of medications each person is taking, and instead manage behaviour with positive, practical techniques. Our findings suggest that residents are safely receiving medication which has been handled and stored appropriately.

3. Environment

Summary

Overall, we found Caerlan to provide a safe and well-maintained environment for the people that live there. There is plenty of accessible space to allow residents to choose where they would like to spend their time and with whom.

Our findings

The home provides ample communal and individual space, which is clean and maintained. Caerlan has accommodation for up to six service users in the main house, and accommodation for one service user in an adjacent bungalow. We viewed all the communal areas in the main house, as well as three residents' bedrooms. All bedrooms have en-suite bathrooms. We also viewed the resident's living space in the bungalow, and a small building in the garden called 'the pod', which residents used for multimedia and craft activities. Overall we found the house to be well-maintained and in a good state of repair. The rooms were as personalised as suited the residents' needs. For example, one resident had a vast collection of favourite items in their room, whereas another resident puts anything in their room outside, and therefore their room contains only essential furniture. We found all communal areas to be very clean. Residents are supported by care workers to keep their individual spaces clean and tidy. One person has behaviour-related continence issues, but we found their individual space to be maintained with frequent cleaning. We found no issues of infection control in communal areas, and all residents' personal toiletries are kept in their en-suites, which minimises any cross-contamination. Therefore, we suggest that people live in a suitable environment that allows people choice of where and with whom they spend their time.

People are protected by the systems in place at the home.

In the kitchen, we observed high risk, sharp items or chemical products to be appropriately secured. A care worker told us that the kitchen is sometimes locked whilst food is being cooked to safeguard one resident who is at risk of hurting themselves when the oven or hob are being used. All the entrances and exits to the main house and bungalow are keypad locked, as required by appropriate deprivation of liberty safeguards. We saw a variety of safety certificates and maintenance checks showing utilities and equipment in the house were safe to use. We also noted that the service completes 2-3 monthly full fire evacuation drills so both care staff and residents have practical knowledge of what to do in an emergency.

Overall, we found that people are safeguarded by appropriate restrictions in an environment that is safe and well-maintained.

4. Leadership and Management

Summary

We found that staff are appropriately recruited, trained and monitored. They told us that they feel supported by the manager and feel able to promote their own ideas towards improving the care being provided. Quality assurance processes are in place, and feedback is gathered from a number of sources.

Our findings

People are cared for using appropriately vetted, and supervised, staff members who feel supported and able to raise issues when they arise.

We sampled four staff personnel files and found that they contained the appropriate recruitment information. Employment history is held by the provider's HR department. All the care workers we looked at had current disclosure and barring checks, although we informed the manager that the certificates for these need to be held by the person, not in their employment file. We saw supervision records had been completed regularly, although recommended that those care workers still in their probation period may benefit from more regular supervision to support them in their new role. Supervision in this context refers to one-to-one discussion between staff member and line manager, where personal and professional issues can be discussed.

In addition, we saw minutes from the most recent team meetings and spoke to one care worker who told us that although there are a lot of *"big characters"* in the team, they are always able to make their views known and feel listened to by the manager. Two care workers told us that they felt the staff team as a whole are there for the residents, and always put them first. The positive behaviour practitioner told us that she collaborates with staff when creating behaviour plans, and values their knowledge of the person and the best approach to take with them. We were shown a training matrix that details outstanding training required, and when renewals are due.

From our findings, it appears that care workers are valued, and given ample opportunity to submit ideas or queries regarding the care they are providing.

The service utilises internal and external auditing processes to collate meaningful quality assurance reports.

The provider ensures that its own, internal, quality assurance visits are undertaken at Caerlan, and a report of their findings is given to the manager, with an action plan and timescales for completion. In addition, the service has recently had audits from NHS Wales and the Local Authority commissioning team. Internal audits of health and safety, medication, challenging behaviour, are all completed on a monthly basis. Professional feedback included comments such as; *"staff have skilled knowledge of service user group"*, and *"staff go above and beyond"*. We saw evidence of feedback gathered from residents (or representatives) of residents, who commented; *"My views are welcomed"*, *"We get regular emails and phone calls"*.

Generally, we found that the service has overview of a number of stakeholder groups, and can identify action plans for areas of improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

There were no issued areas of non-compliance at the time of the last inspection. There were areas where the service was not meeting its legal requirements, as detailed at the beginning of this report.

5.2 Recommendations for improvement

We made the following recommendations for the service to promote good practice:

- Manager to consider more frequent supervisions for those staff members who are still in the probation phase of employment
- Update care documentation to ensure risk management is relevant to residents' current circumstances
- DBS certificates to be retained by employee

6. How we undertook this inspection

We completed a full, unannounced inspection of the service on 21 February 2019. We considered the following information in collating evidence for this report:

- Examination of all the information about the service held by CIW
- Visual examination of the home environment
- Examination of all the documentation relating to two residents' including care documents, health documents, and daily records
- Examination of all the documentation relating to four staff members including recruitment and supervision
- Examination of staff rotas, team meeting minutes and training matrix
- Examination of maintenance records and checks, including fire safety checks and evacuation drills
- Examination of stakeholder feedback, and internal and external quality reports
- Examination of finance logs
- Examination of medication room and documents relating to medication administration
- Discussion with two residents, six care workers, and the manager of the service

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Parkcare Homes (No.2) Ltd
Manager	Laura Prothero
Registered maximum number of places	7
Date of previous Care Inspectorate Wales inspection	28/02/2018
Dates of this Inspection visit(s)	21/02/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an active offer of the Welsh language. We recommend that the service provider considers the Welsh Government's ' <i>More Than Just Words</i> ' follow on strategic guidance for Welsh language in social care.
Additional Information:	