



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Llanyravon Court Care Home

Llanfrechfa Way
Llanyravon
Cwmbran
NP44 8HT

Type of Inspection – Focused

Date of inspection – Friday, 16 September 2016

Date of publication – Tuesday, 15 November 2016

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Summary

About the service

Llanyravon Court is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation for up to 45 people aged 50 and over in need of nursing or personal care.

Llanyravon Court is located in Llanyrafon, Cwmbran. The home is owned and operated by Llanyrafon Court Ltd. The registered manager is Helen Merrick and there is a responsible individual who represents the company.

What type of inspection was carried out?

We (CSSIW) carried out an unannounced (they did not know we were coming) focused inspection on 16 September 2016. We looked mainly at the quality of life domain, however also considered other domains following receipt of concerns.

This report was informed by the following:

- discussion with residents and visiting relatives/friends
- discussion with the registered manager and staff
- observation using the Short Observational Framework for Inspection tool (SOFI 2). The SOFI tool enables inspectors to observe and record life from a service user's perspective; how they spend their time, activities, interactions with others and the type of support received
- review of a sample of care documentation
- tour of the home
- general observations of daily life/routines
- review of information held by CSSIW
- we considered information shared under the adult protection procedures
- two completed service user questionnaires
- two completed staff questionnaires.

What does the service do well?

We did not identify any specific areas of excellence over and above practice determined by the National Minimum Standards for Care Homes for Older People, 2004.

What has improved since the last inspection?

Care plans we examined were generally person centred.

What needs to be done to improve the service?

Areas of non-compliance

We found that the registered persons were non-compliant with:

Regulation 13(4)(a). This is because we found that residents had access via the lift to a hazardous area which was undergoing building work.

Further information regarding this breach of the Care Homes (Wales) Regulations 2002 is outlined within the body of this report. Supporting evidence is contained within the non compliance notice attached to this report. The registered persons must take immediate action to address these deficits.

The home was not compliant with Regulation 14(4)(a) because we saw carpet shampoo stored in an unlocked bathroom cupboard and a number of used toiletries had been left in the bathroom, along with a number of folded towels on the hazardous waste bin. A non compliance notice was not issued in relation to this area of non compliance.

The home was not compliant with Regulation 12(1)(a) because pressure relief was not given in accordance with the care plan for one service user and suitable records were not maintained. A non compliance notice was not issued in relation to this area of non compliance.

Non compliance notices were not issued in relation to the above two breaches of regulations on this occasion as there was no evidence of adverse impact on residents. This will be followed up at the next inspection.

Outstanding recommendations from previous inspection:

- daily recordings of outcomes for residents should include those related to social and psychological as well as health outcomes
- the service should consider the amount of time that some residents spend at dining tables waiting for their meal to be served.

Other recommendations:

- ensure that complaints logs detail evaluation and outcome
- ensure applications for Deprivation of Liberty Safeguards (DoLS) are made where applicable
- ensure that sufficient moving and handling equipment is available for individual residents where applicable
- ensure all care files contain a photograph of the resident.

Quality Of Life

Overall, residents and their relatives we spoke with were satisfied with the services provided at the home. Relatives of residents told us that they were content with the quality of care and were complimentary of the staff, describing them as “*marvellous*” and “*brilliant*”. One resident commented that the home has a “*family atmosphere*” and told us that “*I love it here*”.

Residents are generally active, positively occupied and stimulated. We met the activities co-ordinator who told us of the varied activities that take place in the home. When a new resident arrives at the home, the activities co-ordinator gathers information about the resident’s life history with family members. This was evidenced in care documentation we examined. The activities co-ordinator told us that group activities include cinema evening, animal therapy, carol concerts and Christmas play and church services. For residents not wishing to engage in group activities, 1:1 activities are planned around the resident’s need, for example, having a chat, being present and holding their hand, singing songs. Group outings are also arranged, with 15 residents having visited the seaside in July.

Residents can be confident that they will remain healthy because their needs are anticipated and they are enabled to have access to specialist or medical support. Care documentation showed appropriate referrals to dietician, GP, audiology, opticians, podiatrist and district nurse.

Residents cannot be fully confident that they will always experience responsive care from staff. This is because residents have to wait for some time for their food to be served. This was also raised at the last inspection. We saw evidence of this during our SOFI 2 observation during the lunchtime period. Some residents had to wait for over half an hour for their lunch to be served. This resulted in one resident falling asleep. We discussed this with the registered manager who told us that they would take action to ensure meals are served in a more timely manner. During our SOFI 2 observation one resident commented that the dinner plate was too small. We noted that food filled the plate to the edge. We raised this with the registered manager who told us that they would purchase bigger plates. These issues will be considered at the next inspection.

When examining care documentation for one resident, we found that the home was not compliant with Regulation 12(1)(a) because there were gaps in the recording of pressure relief. For example, on 11 September 2016, pressure relief was given at 20:25 with the next at 01:20 on 12 September 2016. We also noted that the care plan was not specific in the recording of frequency of pressure relief during the day. The care plan clearly specified that two hourly pressure relief should be provided at night and ‘regularly’ through the day. Care plans need to give clear direction and detail into the exact frequency of pressure relief. No audits by management were in place to oversee pressure relief. We discussed this with the registered manager and were assured that action would be taken. We notified the provider that they were non compliant with

Regulation 12(1)(a). We will be following this up at the next inspection.

Quality Of Staffing

This was a focused inspection, so we did not consider this quality of staffing in detail. However, we did focus on two aspects which related to two concerns linked to this theme. This is detailed further below.

We found that residents are treated with dignity, respect and are supported to access the toilet in a timely manner. During our general observations we saw residents being supported to access the toilet when needed. The home was sufficiently staffed on the day of inspection. We spoke with residents and visiting relatives, who were all satisfied with the level of support received and the manner in which it is given. We also spoke with staff who told us they have enough time to carry out their care duties.

We cannot be fully confident that all staff have relevant, up to date training. We saw that all staff had received manual handling training; however we identified five members of staff who had not received refresher training in manual handling. We also noted some gaps in other areas of staff training. We discussed this with the registered manager who told us that there is currently no auditing of the training matrix; however plans are in place to review the matrix due to delays in training completion confirmation. We will consider this in further detail at the next inspection.

This theme will be considered further at future inspections.

Quality Of Leadership and Management

This was a focused inspection, so we did not consider this theme in detail on this occasion. However, we did consider a health and safety issue that we became aware of during the inspection and also looked at the issue of complaints.

Residents cannot be fully confident that they are safe and that the business is run with due care and attention to minimum standards and regulations. This is because the building site adjoining the home was easily accessed via the lift. More information about this is detailed in the environment section of this report. We examined a quality assurance report completed by the responsible individual on 3 August 2016 which makes reference to the building work stating that 'the work area was cordoned off' which contradicts our findings on the day of inspection. We requested copies of risk assessments relating to the building work and at the time of writing this report, we had not received them.

We examined the home's complaints records and noted that some were lacking in recording of evaluation and outcome. Because of this, residents cannot be fully confident that complaints/concerns have been appropriately addressed and learning/improvements implemented. We discussed this with the registered manager who assured us that this would be addressed.

This theme will be considered at future inspections.

Quality Of The Environment

This was a focused inspection, so we did not this theme in detail. This theme will be more fully considered at future inspections.

Residents cannot be fully confident that the premises are physically safe. At the time of this inspection the home was having an extension built. During a tour of the home, we noted in the lift that there were signs warning people not to access the second floor due to the building work. We took the lift to the second floor to find that the area was not secured and it was easy to gain access to the building site. Access via the stairs to the building work was secured and warning signs were in place to prevent people from attempting to access the area. Due to the seriousness of this matter, we found the registered persons to be non-compliant with Regulation 13(4)(a). Further detail of this breach is outlined in the non-compliance notice attached to this report.

Residents cannot always be assured that adequate steps are taken to prevent cross infection within the home. We viewed vacant bathrooms as part of our tour of the home and highlighted the following concerns:

- used toiletries (shampoo, shaving gel, talc). One bathroom had 11 different bottles
- clean towels left on a hazardous waste bin
- two black bin bags of bric a brac.

We also saw a container of carpet shampoo stored in an unlocked cupboard in a bathroom. We spoke with the registered manager who assured us that these matters would be addressed as a priority. The provider is non compliant with Regulation 14(4)(a). We will be following this up at the next inspection.

Residents can feel confident that they are cared for in a clean and secure environment. When we arrived at the home, the front door was locked and access was gained by using the doorbell. We were greeted by a member of staff and asked to sign in using the visitors book. We noted that the visitors book was used regularly. We saw staff answer the door to visiting relatives. During inspection a notice was placed on the front door advising that only staff are permitted to let visitors in and the registered manager told us that security would be on the agenda for the next residents/families meeting.

Two members of staff we spoke with informed us that there were insufficient slide sheets available; however, in contrast, three other members of staff told us this was not a problem. We spoke with the registered manager and were assured that appropriate numbers of slide sheets were in place, however due to the concerns raised by staff, the registered manager assured us that checks would be made and the issue discussed in a staff meeting and in staff supervision.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. 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.

- **Focused 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. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused 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.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.



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Non Compliance Notice

Adult Care Home - Older

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

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Date of publication: **Tuesday, 15 November 2016**

Quality of Environment

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
13(4) The registered person shall ensure that- a) all parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety.	14-Oct-2016	13 (4) (a)

The registered persons are not compliant with Regulation 13(4)(a)

This is because we found that part of the home subject to building works was easily accessible, creating a safety hazard to people in the building.

The evidence for this is:

During the inspection we were able to easily gain access to the adjoining building site extension by using the lift.

Upon exiting the lift we noted a plank of wood at foot height was left partially across the lift exit.

No risk assessments were made available to us in relation to the risks to residents, staff and visitors at the home.

Despite being assured by the registered manager on the day of inspection (16 September 2016) that action would be taken to address this risk, we were told by the person in charge on 21 September 2016 that the area was still accessible. We received written confirmation on 28 September from the registered manager that action had been taken to manage the risk.

We were so concerned for the safety of residents that we referred the matter to the Health and Safety executive who visited the home to assess the situation. On 28 September 2016, the registered persons notified us of action taken to address and manage this risk.

The evidence indicated that the registered persons did not act in a timely way to ensure the safety of residents, staff and others who access the home.

The impact on people using the service is that their health and safety was at risk because they could access the area of the building that had building works in progress.