

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for younger adults**

Glasallt Fawr

Llangadog
Carmarthenshire
SA19 9AS

Date of publication

24 September 2009

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Registered managers:	Birgit Walter – Noddfa Barcud (8) Heather Wrigley – Noddfa Ioan (12) Sian Davies – The Farm House (3)
Number of places:	23
Category:	Care Home - Younger Adults
Dates of this inspection from:	28 May 2009 to: 29 May 2009
Dates of other relevant contact since last report:	N/A
Date of previous report publication:	20 November 2008
Inspected by:	Marie Stirling
Lay assessor:	N/A

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

Summary

Glasallt Fawr was situated outside the village of Llangadog. It comprised of three individual registered houses on the same complex which provided accommodation for up to twenty three (23) adults under 65 years of age with learning disabilities. In addition there was a large meeting hall, and offices. The registered houses on the site were: The Farm House registered for three (3) service users, Noddfa Iwan registered for twelve (12) service users and Noddfa Barud registered for eight (8) service users. The managers of all three individual houses were registered with CSSIW. The operations coordinator and responsible individual was based at Glasallt Fawr and had been registered with CSSIW.

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 (CSSIW). A plan of inspection was developed for Glasallt Fawr based on the detailed and comprehensive information provided within the self assessment documentation which had been completed and returned to the inspector, together with prior knowledge held by CSSIW. The inspection included an initial unannounced visit to the Glasallt Fawr complex followed by one announced visit. These visits were used to inspect the documentary evidence, obtain feedback from service users and staff, direct testing of policies and procedures, a tour of the site, observation of practice and the case tracking of individual service users in each house. The latter involved looking at how the assessment process translated to individual care plans and then how the care impacted directly on outcomes for the service user. Information was also obtained from questionnaires sent out and returned from service users and staff. The inspector would like to thank all those involved for their assistance during this inspection episode.

The ethos of Glasallt Fawr was to provide a good quality of life for the service users who lived there. This was demonstrated on the inspection episode through observations, documentation, policies and procedures, and by discussion with service users and staff. Independence was seen to be promoted. Those service users spoken with were positive about their experience of life and care received at the home. They appeared to have consistent input into decisions regarding activities, outings, events and the running of the houses.

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 or their representatives. The 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 one to one intervention 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. Staff files for all staff employed since the last inspection were seen and were in order.

Good communication systems were in place which included house meetings, staff meetings, and informal discussion throughout the day. Staff 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. During the last inspection year one adult protection investigations had been followed up and was closed satisfactorily.

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 specific to the individual homes, rather than one which is generalised for the whole site.

Following the observation of work required in Noddfa loan house the inspector was informed that a plan of work with timescales was in hand. All houses were clean and hygienic.

Service users spoken with during the visits were positive about their life at each of the houses. They were enthusiastic about the service, their life, and care they received. They appeared to have consistent input into decisions regarding activities, events, and outings.

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:

Glasallt Fawr had an up to date service user guide 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, an overview of the services, facilities provided and the ethos of the home. However, following discussion with the Operations Coordinator/Responsible Individual and the individual Registered Managers it was agreed that it would be good practice to develop a service user guide specific to the individual houses at Glasallt Fawr rather than one which is generalised for the whole site.

Evidence was seen of comprehensive assessments completed by social workers and health professionals prior to admission, assessments which were undertaken by Glasallt Fawr, care plans and risk assessments. 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 as required by standard 5.

Prospective service users and their relatives were invited to visit prior to making a decision to stay, to enable 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 clearly reflected their satisfaction with their 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.

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 registered manager at the Glasallt Fawr site should produce an up to date statement of purpose and 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 were identified for the purpose of case tracking. Examination of these service users' files revealed that each had a care plan which clearly reflected the individuality of each person. The care plan 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. Instances where service users preferred to manage tasks independently was noted in care plans and indicated that service users were encouraged to remain as independent as ability would allow. Assessments and care plans had been signed by service users and / or a representative, this confirmed the involvement and agreement in decisions regarding their care.

Risk assessments formed part of the information and format used by each house and a range of appropriate risk assessments was evidenced. Written records evidenced that service users were supported to take calculated risks as part of an active and full life. There was good evidence of thorough risk assessments and specific risk management strategies being responsibly employed.

Informative daily logs were in place and maintained for all service users. The inspector examined daily 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.

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Good practice recommendations:

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Lifestyle

Inspector`s findings:

Service users spoken to during the inspection episode and those who returned questionnaires were positive about their life at Glasallt Fawr. They had many opportunities to engage in a range of experiences both within the home environment and in the broader community. This was evidenced in individual files and in service users daily timetables. Each timetable was varied and arranged individually. They focused on the development of basic household skills, crafts and land based skills. This was an area of particular strength at Glasallt Fawr and encouraged service users to develop independence, self confidence, self advocacy and social skills. Some service users were assisted to attend college to take courses.

Service users were encouraged and assisted to maintain relationships with families and friends. In addition, regular use of public facilities such as the post office, shops, pub, cinema and places of local interest enabled people to establish new networks and relationships with people of their choice. There was evidence from around the home and from verbal feedback that a variety of individual interests were pursued. These included cookery, gardening, craft activities, pub evenings, youth club, swimming, birthday celebrations and much more.

Previous hobbies and interests were supported and these were evidenced in individual bedrooms and around the houses. Finances were dealt with by service users with support from staff.

A lunch time meal was observed in each house on the days of inspection and indicated a well balanced nutritious diet which also had a choice available. Meals were of a good standard and cooked on the premises from fresh ingredients. Specialised diets were catered for. Service users participated in the preparing, serving and the clearing up of meal times according to individual abilities. The inspector observed that meal times were unhurried, happy and a time for socialisation. The kitchens and food stores in all three houses were observed to be clean, well equipped / stocked and well organised.

In all three houses staff was seen to treat service users with respect and dignity. Staff did not enter individual bedrooms without permission. On the inspection visit service users who were case tracked were asked if the inspector might see their rooms and in most cases the service user showed the inspector the room themselves.

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Good practice recommendations:

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Personal and healthcare support

Inspector`s findings:

Details of how personal and healthcare support is delivered was included as part of each service users' individual care plan. The service users who lived at Glasallt Fawr 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 was needed this was delivered in a sensitive manner that respects individual choice and privacy. All staff spoken with from each of the three houses were able to relay the importance of the service users' privacy and dignity to the inspector.

Glasallt Fawr was not registered to provide nursing care, however the homes' objectives suggests that every effort would be made to enable service users to stay there for as long as they can be appropriately supported. Arrangements to provide health care were good. Health care provision was documented in the service user's daily logs and care plans, they were comprehensive, well laid out and reviewed when needs changed. 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 were registered with a local GP practice and in addition specialist support was sought on individual need when required. Support and transport was provided to attend outpatient appointments.

There were policies and procedures in place for the safe ordering, storage and administration of medication at each house. All staff who administered medication had the appropriate training required to do so. An inspection of the medication process in each house was undertaken, with no concerns noted.

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Good practice recommendations:

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Staffing

Inspector`s findings:

Staffing rotas for each of the three houses and a list of staff currently employed at Glasallt Fawr was submitted to the inspector as part of the self assessment documentation. This documentation confirmed that sufficient staff was on duty at all times in order to meet the needs of current service users. There was a good gender mix of staff, therefore service users had some choice in who they worked with. Personal care therefore, was provided by gender appropriate workers.

A number of the staff recruited come from abroad and were known as guest volunteers to the Glasallt Fawr community. During the inspection episode the inspector met and spoke to guest volunteers who worked at all three houses, they appeared to have a good command of the English language. The inspector observed throughout the inspection episode positive relationships between guest volunteers and service users.

The recruitment process appeared to be a thorough process. The inspector examined a sample of recently recruited staff records, which were kept in a locked cabinet in the Operation Coordinators office. All records examined contained the required level of information, including a full employment history, two references, photograph identification and up to date CRB checks.

There was documentary evidence that regular staff meetings took place and was acted on appropriately. This was reinforced by discussions with staff. A supervision and appraisal system was in place at each of the three houses in accordance with the National Minimum Standards and staff questionnaire responses indicated that regular supervision sessions were taking place. This was evidenced within the staff files inspected. This improvement was positive to note and the registered managers must ensure that the improvement is maintained.

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 courses relevant to the service user's care and support. As required, over 50% of care staff had achieved or was in the process of achieving NVQ level 2 or level 3.

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New requirements from this inspection:

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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 Glasallt Fawr. 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 procedure, daily consultation, service user house meetings and ongoing involvement in decision making. House managers were observed on inspection to be open and inclusive. Staff questionnaire responses indicated that staff were able to raise issues of concern and were confident in doing so.

The documents sampled during the inspection and the information provided prior to the visit all indicated that records required by regulation were maintained. They had been reviewed regularly in order to ensure that they were up to date and relevant. The inspector directly observed that they were securely stored. Those relating to service users were written in valuing terminology and created a real picture of each individual. Records relevant to the smooth running of each house were maintained and accessible during the visits to the houses.

Policies and procedures required by CSSIW were in place and well written. They were accessible and had been updated as appropriate throughout the last year. Quality assurance systems were in place. The self assessment documents had been returned to CSSIW in a timely manner and stated appropriate insurance cover was in place.

An 'Inspection Checklist of Technical Certificates and testing regimes' was completed and indicated that health and safety matters were monitored.

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New requirements from this inspection:

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Good practice recommendations:

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Concerns, complaints and protection

Inspector`s findings:

There was a clear complaints procedure in place at Glasallt Fawr which detailed who would investigate any complaint, timescales for a response and how CSSIW could be contacted. Each of the three houses had its own complaints recording book in place. Verbal feedback from service users indicated that they would be confident to raise matters of concern with staff or management. Questionnaire responses from staff indicated they were clear about the procedure and confirmed that service users would be taken seriously if they raised any concerns.

There was evidence to indicate that reasonable steps had been taken to safeguard service users from potential abuse, neglect or harm. Policies and procedures were in place in order to promote protection these included, staff training in 'The Protection of Vulnerable Adults from Abuse' procedure and a whistle blowing policy. Training in this area was ongoing. In this inspection year one referral had been made to the Adult Protection Team. The referral had been investigated and resulted in no further action following recommendations. Glasallt Fawr demonstrated an awareness of the processes to follow when a concern of abuse arose.

There was very clear policies and practices for dealing with service users finances.

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

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New requirements from this inspection:

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Good practice recommendations:

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Environment

Inspector`s findings:

Glasallt Fawr was an adult community setting situated in a rural location close to the village of Llangadog. The setting comprised of three registered houses which provided accommodation for twenty three (23) adults under the age of 65 years with learning disabilities. It had spectacular views over the valley, was peaceful and secluded but not isolated. Public transport was available in addition to the homes own transport. This allowed service users a choice whether to use public or assisted transport. Glasallt Fawr would not be suitable for service users with significant mobility difficulties.

Noddfa loan is the largest of the three houses and was registered for twelve service users occupying single rooms. The outside of the building appeared in need of redecoration. The house was divided into two units, one on the first floor and one on the second. Each unit had a kitchen / diner and separate lounge. The inspector drew the manager`s attention to some areas needing maintenance and refurbishment this was particularly noted in the kitchen dining area. There were adequate toilets and bathrooms in place however these needed refurbishment. Following a request an action plan with timescales was drawn up and agreed with CSSIW concerning these areas. Service users who were case tracked showed the inspector their rooms which presented as having been personalised and comfortable. The registered manager of Noddfa loan was experienced and appropriately qualified.

Noddfa Barcud was registered for eight service users in single rooms on two floors. The fittings décor and furnishings in communal areas were adequate and comfortable. The inspector viewed a sample of service users rooms with their consent they presented as clean, comfortable, personalised and reflected individual taste. There were sufficient toilets and bathrooms. The registered manager at Noddfa Barcud was suitably qualified.

The Farm House was registered for three service users to occupy single rooms. A variation application had been received by CSSIW to change registration from three service users to four service users in single bedrooms. This house provided a comfortable homely environment for service users, the single bedrooms had been personalised to reflect choice and interests. The provision of bathrooms and toilets within the Farm House complied with the requirements of the National Minimum Standards. The house was clean and hygienic. The furnishings, fittings and decor were of a good standard. The registered manager at the Farm House was undertaking her NVQ level 4.

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Good practice recommendations:

The registered provider must ensure that the areas identified in **Noddfa Ioan** house as in need of redecoration and refurbishment are completed in the timescales given.