



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

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

22 Tal y Wern

Port Talbot

Type of Inspection – Focused

Date of inspection – Thursday, 30 June 2016

Date of publication – Friday, 05 August 2016

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## Summary

### About the service

Tal Y Wern, registered with Care and Social Services Inspectorate Wales (CSSIW), is a large detached bungalow which is situated on a housing estate in Margam, Port Talbot and is registered to provide support and accommodation for four people who have a learning disability. It is close to a wide range of local services and amenities within easy access to the M4 motorway. There were four people living in the service at the time of our inspection.

The registered provider is Community Lives Consortium, the responsible individual for the service is Richard Wilson and the acting manager with day to day management responsibility is Sarah Phillips, who is currently in the process of submitting an application to become registered manager with CSSIW.

### What type of inspection was carried out?

We, Care and Social Services Inspectorate Wales (CSSIW) inspected the service on 30<sup>th</sup> June 2016 for a scheduled, unannounced, focussed inspection. To inform this report, we considered the quality of life for each person in the service.

The following methodology was used:

- Analysis of information held by CSSIW
- Good practice recommendations from the previous inspection report
- One unannounced inspection
- A tour of the service
- Discussions with two people living at the service, two members of staff and the acting manager
- Examination of the Statement of Purpose
- Examination of four people's care records
- Observation of care practices.

### What does the service do well?

Although people in this service enjoy a good quality of life, we did not identify any areas of exceptional practice noted during the inspection that were beyond that expected by Care Homes (Wales) Regulations and the National Minimum Standards for Care Homes for Younger Adults.

### What has improved since the last inspection?

As a result of a recommendation from the last inspection, people in this service now benefit from the staff team having access to a clear system of policies, which includes an index used to locate individual policies when required.

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

Whilst there were no issues of non-compliance noted during the inspection, but we made the following good practice recommendations:

- That the service closely monitors people's nutritional aspects where they came to

breakfast later in the morning.

- That the acting manager considers reducing the amount of Notices and Memos on show in the kitchen in order to make the environment more homely.

We also notified the acting manager of the following:

- That Deprivation of Liberty (DoLS) documentation is retained in people's individual care records for easy access for the staff team who need to refer to it.
- To re-iterate to all staff members that all visitors must sign the visitors' book on every occasion, in accordance with the Care Homes (Wales) Regulations 2002, 17 (2), and Schedule 4 (17).

## Quality Of Life

Overall, we found that the wellbeing of people is promoted and protected as much as possible. The staff team demonstrated a commitment towards providing people with good quality care and we saw people being approached with respect, dignity and warmth throughout our inspection.

From the care records, we saw that assessment forms documented people's support needs and preferences. Information obtained from these assessments was then used to write support plans and risk assessments. The service ensures that their processes are person centred. For example, we saw pen pictures that clearly described people's hobbies and interests, together with their family history and background. In addition, a Relative Involvement Policy described how people's families were to be involved in their relative's wellbeing; from the assessment process, we saw that families were asked for their opinions where the person was unable to discuss an issue due to their dementia or learning disability.

All care records we viewed were written in ways that promoted people's dignity, all entries in daily care records were respectfully written. Care records were reviewed every month, or more frequently where necessary, in order to remain current.

People remain healthy because their needs are anticipated and they are enabled to have access to specialist or medical support; a full record of medical support was contained in the care records we viewed, which evidenced that healthcare professionals such as a speech and language therapist, physiotherapist, the memory clinic and a wheelchair service were contacted for people when necessary.

People experience appropriate, responsive support from a staff team who have an up to date understanding of their individual needs and preferences. Staff we spoke with demonstrated a good knowledge of people's support needs. One staff member told us how one person, *"likes to get up later in the mornings because they like the peace and quiet at breakfast time"* and this was confirmed in the person's care records as something they liked to do.

People have a voice and are encouraged to speak up. We were shown a record of monthly house meetings, where people discussed activities, menus and other daily aspects of their lives. We noted that each person in the service was involved in these discussions and their opinions recorded.

People can be confident that they are able to experience a sense of belonging and well-being. This is because we noted that individuals were encouraged to view 22 Tal y Wern as their home, and were encouraged to have their own possessions around them in their rooms if they so wished.

During our inspection, we noted one person got up late in the morning for breakfast. The acting manager explained to us that the person did not do this every day, but sometimes preferred to do this because of the presence of other people in the house earlier in the day; they also added that the person was not offered drinks in bed during the morning because it has been risk assessed as being a risky thing to do due to their reduced

capacity and physical dexterity. We therefore recommended that the service closely monitors people's nutritional aspects where they came to breakfast later in the morning.

## Quality Of Staffing

This inspection focused on the quality of life of the people using the service. We did not consider it necessary to look at the quality of staffing on this occasion because no concerns have been noted since the last inspection. However, this theme will be considered during future inspections.

## Quality Of Leadership and Management

This inspection focused on the quality of life of the people using the service. We did not consider it necessary to look at the quality of leadership and management on this occasion because no concerns have been noted since the last inspection.

However, we noted that although all Deprivation of Liberty (DoLS) documentation was available to view, the documents were not retained in the relevant person's care records. In order to ensure all staff members who support people on a daily basis are made aware of any restrictions and conditions that are in place regarding people's well-being, we notified the acting manager that these documents must be a part of people's care records for easy access, and not in a separate file.

## Quality Of The Environment

This inspection focused on the quality of life of the people using the service. We did not consider it necessary to look at the quality of environment on this occasion because no concerns have been noted since the last inspection.

When we arrived for the inspection, we found that people can be reassured that they are safe from strangers entering the premises because all visitors had to ring the front door bell prior to entry. However, we were not asked to complete the visitor's book when entering the building. This meant that there was no record of our presence on the premises in case of emergencies, which is in contravention to the Care Homes (Wales) Regulations 2002, 17 (2), and Schedule 4 (17).

We also recommended to the acting manager that they look to reduce the amount of Notices and Memos on show in the kitchen in order to make the environment more homely for people who live at the service.



## 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.