



Inspection Report on

Graig Llwyd

Pontypridd

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

19/04/2023

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About Graig Llwyd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Values in Care Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	04 October 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Graig Llwyd provides person-centred care and support to people with a range of varying needs. People living at the service appear happy and well looked after. Care documentation is detailed and devised using a multi-disciplinary team approach. Regular reviews ensure care documentation remains up to date and relevant. People have good access to health and social care professionals and their health and well-being is closely monitored.

Care staff feel supported in their roles and have access to an ongoing programme of training and development. There is a safe recruitment process ensuring care staff are suitable to work with vulnerable people. There are suitable governance and quality assurance measures in place. The Responsible Individual is up to date with their specific duties and seems to have good oversight of service delivery.

The environment is clean, comfortable, and well maintained. Regular checks and servicing ensure the environment, it's facilities and equipment remain safe to use. People are able to personalise their personal space to their preference. The home is secure from unauthorised access and confidential information is securely stored.

Well-being

People have choices and are supported to do the things they want to do. We saw care staff encourage people to indicate their wishes and to decide individually on daily matters such as meal choices and activities. People can choose from a selection of healthy nutritious meals and are supported to participate in meal preparation. Activities are varied containing a combination of leisure and vocational pursuits as well as household tasks. Care documentation is person centred, meaning it is tailored to each person's specific needs.

There are measures in place helping protect people from harm, abuse, and neglect. Care staff understand their roles regarding protecting people and receive safeguarding training. Care staff are aware of the procedure of reporting concerns and there is a safeguarding policy reflective of the Wales Safeguarding Procedures. We saw current Deprivation of Liberty Safeguards (DoLS) authorisations are in place to ensure restrictions on people's activity is lawful. Risks to people's health and safety are thoroughly assessed and effectively managed. The home is secure from unauthorised access and visitors must sign in on arrival and out on departure.

People's physical and mental health is considered. Medication management systems are effective ensuring people receive their medication as prescribed. People have access to a range of social and health care professionals who provide support when needed. Care staff know the people they support well and can recognise the signs of deterioration and ill health. Routine appointments and timely referrals ensure people's overall health is maintained to an optimal level.

People are supported in an environment that promotes their well-being. The home is maintained to a high standard and is comfortable and clean throughout. People's rooms are nicely decorated and reflect their individual tastes. People have access to communal areas as well as the privacy of their own bedrooms.

Care and Support

People are supported to be as healthy as they can be, by getting the right care at the right time. Care staff receive training relevant to people's needs, they know the people they support well and can identify the signs of deterioration and act accordingly. Care staff document care and support provided in people's daily recordings. Any concerns about the person's health or well-being are reported to the relevant professional for further investigation. We saw correspondence from a range of health and social care professionals documented in people's personal plans. Support is available for people with medication needs. There is a medication policy aligned with best practice guidance. Medication is securely stored and administered as prescribed. There are measures in place to reduce the risk of cross contamination. Care staff have access to a plentiful supply of personal protective equipment and follow guidance set out in the infection control policy.

Personal plans are detailed and describe the best ways of supporting people to achieve their personal outcomes. We examined a selection of personal plans and found they are clear and concise, containing information which is easy to understand. Some care documentation such as Positive Behaviour Support (PBS) plans are completed using a multi-disciplinary team approach. Personal plans also contain risk assessments which set out strategies for keeping people safe, along with considering the benefits of taking risks. Plans detail people's preferences and routines and there are 'grab sheets' summarising care and support required. Regular reviews of people's personal plans ensure they are receiving the right level of care and support. We saw evidence people and their representatives are involved in the review process to ensure they can provide feedback on the care and support they receive.

People have good relationships with care staff who deliver positive care and support. We observed care staff engaging with people in a warm friendly manner. One person said, "*I like the staff, they're alright*". It was clear care staff know the people they support well and are familiar with their needs and daily routines. Care staff encourage people to participate in activities they enjoy. We saw people have individualised activity plans which detail leisure pursuits, vocational activities, and household tasks. People have access to community facilities and are supported to maintain relationships with family and friends. We looked at a selection of staffing rotas which showed there are sufficient staffing levels available.

Environment

Environmental risks are reduced by an ongoing schedule of maintenance, servicing, and checks. We did not identify any hazards on the day of our inspection and found the premises to be in a good state of repair. We saw up to date safety certification in place for equipment, utilities, and fire safety features. We found regular safety checks such as water temperatures, emergency lighting and fire drills are routinely undertaken. We saw regular health and safety audits are completed to identify any potential risks and appropriately action. Policies and procedures promoting safe practice are present, and all people living at the home have an up-to-date personal emergency evacuation plan (PEEP) in place.

The home consists of a main building providing accommodation to five people and a self-contained annexed flat which houses one person. There are a number of communal areas including a lounge and a dining room. All communal areas are clean, comfortable, and nicely decorated. People's rooms are very spacious and are decorated according to individual preferences, for example, with personal pictures and soft furnishings. There is a large well-maintained garden with seating, pleasant greenery, and shaded seating available in summer. People can utilise this space when they choose to do so.

Leadership and Management

There are effective quality assurance and auditing systems helping to facilitate the smooth running of the service. The Responsible Individual visits the home regularly and engages with people and staff to gather feedback to inform improvements. On a six-monthly basis the service is reviewed to assess the quality of care being provided. We looked at the latest quality of care report and found it clearly highlights the services strengths as well as areas identified for development. Regular team meetings are held to keep care staff up to date with developments and discuss operational matters. We viewed a cross section of the services policies and procedures and found they are aligned with current statutory and best practice guidance. Other written information we looked at included the statement of purpose and user guide. Both these documents accurately describe service provision, contain all the required information and are available in a range of formats including easy read.

The recruitment process ensures care staff are fit to work with vulnerable people and have the skills needed to deliver good quality care and support. The service completes all the necessary pre-employment checks before offering a potential employee a contract. Following this staff must follow a structured induction where they complete mandatory training and get the opportunity to shadow experienced members of the team. Ongoing training is provided to ensure care staff are sufficiently skilled. We looked at the services training statistics and found it is over 80% compliant with training requirements. Care staff we spoke to were positive about their training saying they feel competent in their roles.

Care staff enjoy working at the service and feel supported and valued. Care staff receive regular individual supervisions and appraisals where they can reflect on their performance, receive support, and discuss future goals and training needs. Records relating to care staff's formal support show the service is up to date in this area. Care staff we spoke to commented positively about their work and the management of the home. One said, *"I love working here, it's challenging but rewarding"*. Another member of staff told us, *"The manager is very good, really supportive and easy to speak to"*.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 06/06/2023