



## Inspection Report on

**Graig Llwyd**

**Y Coedlan  
Pontypridd  
CF37 5BX**

## **Date Inspection Completed**

4 October 2021

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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	<a href="#">10 May 2019</a>
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Graig Llwyd is a small residential home providing personal care for up to six people aged 18 years and over with learning disability or autism needs. It is situated near to local amenities in Pontypridd and accessible to transport links and community resources. The Responsible Individual (RI) is Gary Thompson. There is also a manager who is suitably qualified and registered with Social care Wales.

People are cared for in a warm, stimulating environment by a dedicated team of staff who know their needs well. A person centred approach to care planning ensures people's outcomes are identified and met. Care staff are aware of safeguarding procedures and there are policies that aim to protect people from harm and abuse.

Staff recruitment is safe and effective and sufficient staffing levels are in place. Current infection control measures ensure members of the staff team are compliant with Public Health Wales (PHW) guidance. The manager is approachable and provides appropriate levels of support to care staff.

The environment is clean, homely and well maintained. People are encouraged to personalise their rooms. They have access to outside space, with further plans to extend the space available to people.

## Well-being

People have positive relationships with care staff who treat them with kindness and respect. People appeared relaxed and content and told us that they are happy at Graig Llwyd. We saw that staff make every effort to engage with people using a variety of communication methods on a day-to-day basis and to gain feedback on their wishes. Relatives told us that they are happy with the care and support their loved ones receive; they feel listened to and are able to speak to care staff if they have any concerns or issues. The home has a consistent care staff team, which supports people to maintain relationships with their loved ones. Care staff appear confident and enthusiastic in their roles and know people's needs well.

We spoke with relatives of residents who were all very happy with the care and support given to their loved ones. They told us:

- *'It's first class care'*
- *'I can't speak highly enough of them'*
- *'I've got 100% trust in them'*
- *'Staff are superb'*
- *'X's care has been excellent'*
- *'We're really lucky that X has this placement'*
- *'Would definitely recommend the service to others'*
- *'All the staff have been brilliant, would 100% recommend the service.'*

The service promotes people's physical and mental well-being. Personal plans and risk assessments are person centred and detailed. We saw that people's rooms are personalised and areas decorated and maintained to a good standard. People are supported to maintain contact with their loved ones throughout the Covid-19 pandemic. People have access to a sensory room and the service has invested in a number of home activities to increase stimulation for people at the service during the pandemic.

Overall, there are systems in place to safeguard people from harm. Staff consistently wear Personal Protective Equipment (PPE) to prevent the spread of infection. Appropriate infection control measures reduce the risk of cross infection.

## Care and Support

People receive continuity of care from an established care staff team. Care staff know the people they support well and are able to anticipate their needs and wants. There are consistent and appropriate staffing levels in place to meet the care and support needs of people living at the service. Care staff are supportive of each other and complimentary of the support colleagues and members of the management team provide. Care staff told us:

*'I love it here'*

*'It's a nice team'*

*'We all pull together'*

Infection control practices are robust. The service has adequate supplies of Personal Protective Equipment (PPE). Throughout our inspection we saw staff wearing these appropriately, in line with current guidance. Any visitors to the service are required to have a Lateral Flow Test and wear appropriate PPE.

People experience warmth and kindness. We saw care staff treat people as individuals. People look relaxed and comfortable in the presence of care staff. Care staff speak in a friendly, caring and respectful way and people respond positively. People we spoke with were able to express that they are happy.

Safeguarding measures help protect people from harm and abuse. Safeguarding and whistleblowing policies contain up-to-date information and reviewed regularly. Care staff are recruited safely and safeguarding training forms part of the services core training requirements. Care staff told us they are aware of their safeguarding responsibilities and know the process for raising a concern if they need to. Care staff told us they know how to report issues to the manager and are confident that the manager takes appropriate action. Incidents are appropriately reported to the local safeguarding team. Staff liaise with relevant professionals to keep people well. Medication is stored appropriately and administered in line with the prescriber's recommendations. We saw evidence of this in people's personal plans where medical appointments and correspondence is documented.

Care plans and reviews consider people's personal outcomes, as well as the practical care and support they require. People have an accurate and up to date personal plan, behaviour support plan and risk assessments detailing how they want their care delivered. We looked at two care files and saw that information available to staff is detailed, up to date and reflects the current needs of people. Personal plans are detailed and recorded people's preferences. We saw evidence of reviews. Staff confirm care records are easily available; they are informed of changes in care needs and given time to read information and updates after any absence from work. Supplementary paperwork, such as daily notes are comprehensively completed.

## **Environment**

The home has secure entrance doors to prevent unauthorised entry. Medication and confidential information is stored securely. Restricted areas are locked and are only accessible to authorised personnel.

An infection control policy is in place, with additional COVID protocols. Care staff were wearing PPE when the inspector was in the building. All staff complete regular testing for COVID 19 and visitors are required to undertake lateral flow test prior to entry.

People and their relatives told us rooms are decorated to their preference and contain items that are important to them. We undertook a tour of the home and saw that it was clean, free from malodour and on the whole, extremely well maintained. The manager told us the service has plans to renovate some areas of the home, which have had to be put on hold due to the Covid-19 pandemic.

We found substances hazardous to health stored safely and communal areas uncluttered and free from hazards. Maintenance records confirm the routine completion of utilities and fire safety testing by appropriate people. Food hygiene checks are carried out daily.

People have access to outdoor space, including a covered area. Work is currently being undertaken to expand the amount of outdoor space available to people.

## **Leadership and Management**

Care staff work in a supportive environment. Systems are in place to ensure staff receive regular supervision and support, where they discuss their professional conduct and development with their line manager. Staff told us that they had opportunities for regular supervision, with comments such as *'I feel really supported by the manager'*. Team meetings are arranged for peer support, and to share important information. Daily handover

records are detailed and informative. Meetings are held with people living at Graig Llwyd, with appropriate communication methods in place to encourage effective communication.

Recruitment measures ensure care staff working at the home have the right skills and approach to care. The service provider safely recruits and vets staff before they start their employment and staff are appropriately trained to undertake their role. Staff understand their responsibilities to safeguard vulnerable adults and relay any concerns to the management team. Staff are positive about the quality of training and support they have.

Arrangements for governance and quality assurance allow the service to identify areas for improvement. The manager is passionate about the service, knows the individuals well, and has good oversight of the care and support being given to people on a daily basis. The manager undertakes regular audits and ensures notifiable events are reported to the appropriate agencies. The RI visits the service as required, and compiles quality of care reports highlighting what is working well at Graig Llwyd, and areas where improvements need to be made.

The service delivers in line with its written information. It has a Statement of Purpose that sets out its aims, values and explains how it will support people to achieve their personal outcomes. Policies and procedures support people's overall well-being. We examined a selection of policies and found them to contain clear up-to-date guidance that is reviewed.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
N/A	No non-compliance of this type was identified at this inspection	N/A

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