



Inspection Report on

Yr Ysgol Ltd

**Yr Ysgol
Heol Giedd
Ystradgynlais
Powys
SA9 1LQ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

06/09/2023

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About Yr Ysgol Ltd

| | |
|---|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Yr Ysgol Limited |
| Registered places | 16 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

People and their relatives are very happy with the support provided by Yr Ysgol. A highly creative range of activities are in place to support people to positively occupy their day. Medication is recorded and managed effectively. Personalised plans provide information on how best to support people's needs and personal outcomes. The service employs an excellent range of inhouse therapists who can respond quickly to peoples changing needs. The staff team are positive in their approach and knowledgeable about the people they support. There are systems in place to ensure people's best interests are considered and promoted.

Staff feel supported by the management team and receive regular supervision. The responsible individual (RI) maintains effective oversight over the service. Detailed policies and procedures support staff to follow safe practices. Staffing levels are suitable and safe recruitment processes are in place. Staff receive ongoing training and there are efficient systems to safeguard people. The environment is well maintained clean and welcoming. Maintenance and fire checks ensure the property remains safe and free of hazards.

Well-being

The service promotes choice and recognises individuality. Individual routines and preferences are understood and respected by staff. An exceptional range of activities are on offer and individual interests and hobbies are catered for. People and relatives are encouraged to take part in developing personal plans, attending reviews and being part of decision making. One relative told us *"I am involved in decision making and in meetings"* while another commented *"I always feel listened to"*. People are able to choose how they structure their day and can spend their time as and where they choose. The RI gathers a range of views to ensure the care provided meets people's expectations.

Peoples physical and emotional well-being is supported. People and relatives have positive relationships with staff and managers. Detailed personal plans enable staff to understand individual needs and achieve best outcomes for people. Medication is stored safely and administered as prescribed. Meals are varied and nutritional needs are considered. People receive support to maintain contact with family, friends, and those important to them. We observed adequate staffing levels in place to ensure people's needs and requests are met in a timely manner. Health and social care referrals are made when required and an innovative inhouse therapy team has been developed to meet peoples changing needs. People we spoke with commented *"I'm good here"* while another told us how much they liked care staff.

The environment is well maintained. People can enjoy a number of pleasantly decorated communal areas and have access to a safe spacious garden. Bedrooms are decorated to reflect people's individual tastes, the building is suitably equipped, and repairs are completed in a timely manner.

People receive support to remain safe and protected from harm. Potential risks are understood and personal plans detail how to manage behaviours that may challenge. Ongoing quality assurance audits ensure systems remain effective and any areas of improvement are addressed. Care staff are aware of their safeguarding responsibilities and people and relatives know how to raise concerns. Clear policies and procedures are in place and staff are recruited, trained, and supervised appropriately.

The service does not currently provide an 'Active Offer' of the Welsh Language. At the time of the inspection the service has Welsh speaking staff but no Welsh speaking people living at the service.

Care and Support

Care staff have access to plans which outline the support people require. Personal plans contain information around people's likes, needs, goals and outcomes. Risk assessments highlight strategies to enable staff to keep people safe and well. Plans are regularly reviewed to ensure they are kept up to date, reflect changes and identify any new goals. A range of documents record the support provided by staff and monitor people's physical and emotional well-being. Deprivation of Liberty Safeguards (DoLS) applications are completed when required and best interest decisions are made with input from people and their relatives.

People receive effective care and support to promote their overall well-being. Staff confirm they have the opportunity to read personal plans before providing care, so they are familiar with people's routines and needs. Records show timely referrals are made to a range of social care and health professionals. The service has access to an internal team of therapists who are highly effective in maintaining people's well-being and addressing their changing needs. We saw care staff engaging with people in a kind and friendly manner and people appeared comfortable and happy throughout the inspection. Relatives gave positive feedback regarding the care provided; comments include.

"Staff are friendly and polite, they understand Y's routines".

"X is so happy",

"They (staff) are really amazing X loves it",

"Staff are friendly and welcoming" and "they make us feel like part of the family".

Medication is stored and administered safely. Staff receive training in the administration of medication and regular medication audits are undertaken. Medication administration records we viewed are accurately completed, medication is stored safely, and daily temperature checks are completed to ensure medication remains effective.

People receive support to follow their interests and take part in activities. The service understands the role activities make in promoting people's well-being. A dedicated activity worker regularly consults with people to develop an impressive range of tailored activities. Sessions are available on either an individual or group basis, depending on people's preferences. Some of these sessions include visits to a wide range of local attractions, access to holidays, pet therapy, various social clubs, pamper sessions and access to the services swimming pool and hydrotherapy sessions.

Environment

The service is comfortable, clean, and well maintained. There is sufficient space for people to spend time alone or to socialise with others in communal areas. People can personalise their rooms with their own ornaments, and soft furnishings. The kitchen holds a food hygiene rating of 5 and kitchen staff tell us they have access to a sufficient food budget and supply of fresh food items. Menus appear varied and kitchen staff understand people's dietary needs. Housekeeping staff tell us they have a sufficient team of staff, equipment, and supplies. We found cleaning materials securely stored during the inspection. Relatives told us *"I am impressed by the facilities"* and *"The home is clean"*. We found the garden well maintained and spacious with several seated areas and a vegetable garden for people to use.

There are arrangements in place to ensure the building is well maintained and safe. Good security arrangements ensure only approved visitors can enter the building. We saw written records confirming electrical equipment and appliances are regularly serviced. Fire safety and fire drills are completed, and personal emergency evacuation plans ensure the correct support is available to people in the event of an emergency. Hygiene and infection measures are in place and care staff tell us there are sufficient supplies of Personal Protective Equipment (PPE). Maintenance records and feedback from staff show repairs are completed quickly and the service has access to sufficient equipment. Systems are in place to ensure confidential and sensitive information relating to people is stored securely and is only accessible to authorised staff.

Leadership and Management

The staff team feel supported in their roles. Care staff tell us they are part of a close knit team who provide a good standard of care to the people they support. One staff member told us *“The team works well together”, “At the end of the day I know I have done everything and done my best”*. All staff reported they receive positive support from the management team, comments include *“We are well thought of by the managers”* and *“managers thank us for going the extra mile”*. Supervision and appraisal records show staff receive regular supervision sessions to discuss development, skills, and practices. Staff feel confident in raising any concerns or issues and feel assured these will be acted upon.

Suitably skilled and qualified staff are employed by the service. We looked at staff personnel files and found adequate pre-employment recruitment checks in place to ensure staff hold the right skills and attributes. New appointed staff tell us they benefit from a period of induction and shadowing opportunities. The service provider supports staff to register with Social Care Wales regulatory service. The service’s training matrix confirms staff are up to date with their core training requirements and practical competencies are assessed annually. Care staff we spoke with confirm they receive ongoing core and specialist training and feel sufficiently skilled to undertake their role.

The service has suitable governance and quality assurance arrangements in place. The management team is visible within the service. The RI undertakes regulatory visits to consider the quality of services provided and gathers feedback from people, relatives, and staff. The service carries out a range of additional auditing tasks to review and evaluate their day to day processes. Staffing rotas and observations on the day show sufficient staffing levels in place. Feedback from staff confirm they have sufficient time to support people and complete their duties in an unhurried manner. Regular team meetings take place to discuss operational matters, changes, or service updates. Policies and organisational procedures are kept up to date to support the smooth running of the service. Relatives told us communication with staff and the management team is very good and supported positive relationships. One relative commented *“I have confidence in staff and the service”*.

| 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 |

| | | |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
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