



Inspection Report on

Llwyn Teg Residential Care Home

**Mill Lane
Llanfyllin
SY22 5BG**

Date Inspection Completed

19/10/2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Llwyn Teg Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Shaw healthcare (Group) Limited
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	First visit post RISCA
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

People are satisfied with the service and pleased to have recently been asked their views about mealtimes. They speak positively about all staff and how they are offered care and support. They are not involved in decision making in relation to care and support but there are plans in place to ensure this happens.

Care staff are aware of people's needs, including Welsh language, and provide support in a respectful and kind way.

Care records require improvement to make sure they are legible, up to date and include all the information required so care staff are clear about people's assessed needs and how they should be met.

The environment has improved, and people are pleased about the changes made. People can personalise their rooms. Improvements are needed in the way infection outbreaks are managed.

Recruitment checks make sure staff are suitable and policies and procedures are in place to keep people as safe as possible. Staff are provided with training and support.

The responsible individual, (RI), visits the home as required and has oversight of the service. Checks are made of the quality of the service, but improvements are needed to make sure records include action taken about the findings.

Well-being

People are satisfied with the care and support provided and like living at the home. They are positive about the acting manager and staff, with several people telling us "*Its lovely here* and "*Staff are so kind.*" The provider has listened to people who live at the home and changed the timing of meals and updated menus. People tell us they like these changes.

Records show people and their relatives who are able to, are not involved in care planning, reviews or decision making. They are not offered copies of records or involved in reviews. People are not asked what personal outcomes they want to achieve, and records are not always up to date, including risk assessments. The provider tells us measures have been set up to ensure this is addressed.

Activities are provided and people have support to join in if they want to. We saw people enjoying a visit by a PAT dog. The hairdresser and a singer were also at the home on the day of the inspection. A person tells us they enjoy gardening and have planted spring bulbs in pots. Photos of past events are on display.

The service promotes people's Welsh language and cultural needs. A display in the entrance hall tells people which resident's and staff are Welsh speaking. The acting manager tells us Welsh cultural events are celebrated and books and newspapers in Welsh are available. Records do not always record language and cultural needs and wishes but staff are aware of, and respect these.

Care and Support

People tell us they are “*Very pleased*” with the care and support they receive from the staff and acting manager. They tell us they are not asked about how they want care and support to be delivered or involved in care planning and reviews but “*Staff know what I need.*” The routines of the home are flexible, and people tell us they can get up and go to bed at times to suit themselves.

Changes have been made to the timing of lunch and supper. People have been involved in discussions and changes made to the menu. People tell us they are pleased at the changes and that previously supper was too early leaving a long period with no food from 4.30 p.m. until the next day. People tell us the food is “*Always good,*” staff “*Know what I like*” and “*Always a choice.*”

Records confirm people are not involved in assessments, reviews or decision making. The acting manager tells us plans are in place to change this and they gave examples of how this will be done. Some records are difficult to read (due to handwriting) and are not always updated when people’s circumstances change. Records do not include information if people are subject to a Deprivation of Liberty Safeguards (DoLS). The provider assures us measures are already in place to address these issues. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

We saw staff interaction with people is positive and people are treated with kindness and respect. People have support to access health and medical care as needed. People tell us staff act promptly if they are ill and they are supported to see GP’s, district nurses, chiropodists, dentist, and opticians. Records seen confirm this although they do not include information for staff on health issues such as diabetes. We spoke with two visiting professionals who tell us, “*Staff always refer people promptly and appropriately,*” they (staff) are “*Very responsive and encourage positive risk taking,*” “*Instructions always carried out*” and “*It’s a lovely home.*”

Environment

The provider has made improvements to the environment. At the last inspection in 2020 we advised improvements were needed to the premises. Since then, the home has been decorated and corridor walls papered and painted. People tell us they like the changes including the wallpaper, "*It's more homely now.*" The corridors have items of interest such as pictures, bookcases, and photos of local areas. Bedroom doors have photographs of people on to help them find their own rooms independently. The home is clean, tidy, and more homely than seen on previous visits. We saw people are supported to personalise their bedrooms and bring in personal items within space constraints. People tell us they feel their bedrooms are, "*My own*" and a "*Reminder of home.*" There is a well-maintained garden which people can use and help in if they choose. One person was able to tell us they really enjoy working in the garden and are supported with this by staff.

Measures are in place to check, maintain and service equipment used by staff and people who live there. A fire risk assessment has been completed with any issues identified to be completed by December 2022. Fire safety equipment has been checked and serviced. On the day of the inspection the lift had been out of order for two days. A risk assessment has not been completed and the provider did not notify Care Inspectorate Wales as required.

Infection control measures need improvement. The home had an outbreak of Covid but did not immediately put infection, prevention, and control measures in place. Staff were not wearing appropriate PPE and visitors to the home had not been made aware before they entered the premises. This was discussed with the acting manager and measures immediately put in place. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Leadership and Management

Information about the service is provided in a statement of purpose and guide to the service. This means people and their relatives can make an informed choice when considering using the service.

The RI maintains oversight of the service. They visit the home as often as required and writes a report of their findings. Regular audits of the environment are completed. Quality of care reports are completed twice a year as required. They include an overview of the service including records, complaints and include any areas identified that need to improve.

The provider has a system to ask people who live at the home, their relatives, professionals, and staff their views of the service. We saw evidence of this, but records supplied do not include any comments respondents have made or any action taken as result of survey results. One staff meeting has been held in 2022, which is not as often as required. Two meetings with people who live at Llwyn Teg have taken place in 2022. Minutes show people are encouraged to give their views. Records do not include details of any action taken as a result of people's feedback. Following changes in management the provider has put measures in place to ensure meetings with people and staff take place more frequently.

Records show recruitment checks are conducted as required to make sure people are suitable. Staff are supported to register with Social Care Wales. The provider has a training programme and staff have support to complete courses. Records do not show new staff have always been provided with induction training and their competency checked. Following changes in management the provider has put measures in place to check staff complete the required training and are competent.

Records provided by the organisation show measures are in place to provide staff with regular supervision and an annual appraisal. Following changes in management the provider has put measures in place to ensure this is provided in line with the required frequency.

On the day of the inspection the lift had been out of order for two days. A risk assessment had not been completed and the provider had not notified Care Inspectorate Wales (CIW) as required. A notification was sent to CIW during the visit. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
------------	---------	--------

60	The provider does not notify Care Inspectorate Wales promptly of significant events that occur in the home.	New
15	Care plans do not always contain clear and up to date information about people's needs.	New
56	Measures had not been immediately put in place to reduce the risk of cross infection from Covid during an outbreak.	New
44	The registered provider is not compliant with regulation 44 (1) (4)(c) (d) (g) (h) in relation to the premises.	Achieved

Date Published 24/11/2022