

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Llys Meirion

South Avenue
Barmouth
LL42 1NH

Date of publication – 26 June 2008

You may reproduce this report in its entirety. You may not reproduce it in part or in any abridged form and may only quote from it with the consent in writing of the National Assembly for Wales.

Care and Social Services Inspectorate Wales

North West Wales Local Office
 Government Buildings
 Penrallt
 Caernarfon
 Gwynedd
 LL55 1EP

01286 662300
 01286 662301

Home:	Llys Meirion
Contact telephone number:	01341 281211
Registered provider:	Gwyneth Patricia Thompson
Registered manager:	Josephine Jones
Number of places:	12
Category:	Care Home - Older Adults
Dates of this inspection episode from:	26 March 2008 to: 6 June 2008
Dates of other relevant contact since last report:	
Date of previous report publication:	
Inspected by:	Jacqueline Hughes
Lay assessor:	

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Overall view of the care home

The annual inspection for Llys Meirion was conducted under the proportionate approach to inspections, which were implemented for care homes for older persons in April 2006.

Prior to the inspection the manager was requested to complete a self assessment form. This document provided the basis for the initial analysis of the home's performance and formed the basis for the inspection plan.

The following methodology was used:-

- Case tracking process of four service users.
- Brief discussions were held with two service users on the day of the inspection.
- Inspection of records appertaining to four service users.
- Questionnaires were sent to four service users for completion and return to CSSIW. All four were given to the inspector on the day of the visit.
- Inspection of three staff records which were chosen at random from the list of staff provided with the Self Assessment form.
- Ten staff questionnaires were sent to Llys Meirion for completion and return. It is disappointing to record that only one was returned to CSSIW at point of completion of this inspection episode i.e. 6 June 2008.
- Brief discussions were held with one member of staff working at the care setting on the day of inspection.
- Direct observation.
- A semi announced visit was conducted on Friday 16 May 2008 between 8:40a.m. and 1:30p.m.

Llys Meirion is registered with the Care and Social Services Inspectorate Wales to provide care and accommodation for twelve older persons. Llys Meirion is owned by Mr & Mrs Thompson, Mrs Thompson being the registered provider. The day to day management of Llys Meirion is the responsibility of Miss Josie Jones, the registered manager. Miss Jones has the necessary experience and qualifications to manage a care home.

Referrals are made by the Social Worker/Case Manager who will provide the home with a pre admission assessment and care plan. The manager will endeavour to visit service users in their own home or hospital to assess compatibility for Llys Meirion prior to admission. Service users and their relatives are also encouraged to visit the home prior to making a decision to move to Llys Meirion.

Individual files are held in respect of service users. Files inspected during the inspection process included care plans, daily records, individual risk assessments and ongoing reviews of care plans.

Service users are encouraged and supported to pursue their former interests prior to moving to Llys Meirion. Service users are able to go out independently dependent on their individual risk assessment, alternatively they are supported by staff or their relatives/friends.

There have been a number of staff changes at Llys Meirion during the past twelve months. Discussions with the manager confirmed that the reasons for leaving were not a reflection on the management or operational running of the home.

Llys Meirion is located in the centre of the seaside town of Barmouth within close proximity to all local amenities. Accommodation is provided in 12 single bedrooms, six of which have en suite facilities. A full inspection of the physical aspects of the home was not conducted during this inspection, however areas seen were clean and free from offensive odours.

In accordance with the proportionate approach to inspection of Care Homes it is not possible nor is it expected that all aspects of the service be inspected in depth during the inspection cycle. It remains the responsibility of the registered persons to ensure that the home operates in accordance with the relevant laws, Regulations and Standards.

Jackie Hughes, CSSIW Inspector would like to thank Miss Josie Jones, registered manager, Mr Paul Thompson, provider, the service users and staff for their warm welcome and co-operation during the inspection process.

Choice of home

Inspector`s findings:

Llys Meirion is registered with the Care and Social Services Inspectorate Wales to provide personal care and accommodation for 12 older persons. The registration includes the provision to provide care and accommodation for two identified service users who have been assessed as requiring dementia care. One of the service users is no longer accommodated at Llys Meirion. Discussions were held with the manager and Mr Thompson in respect of the registration of Llys Meirion. Mr Thompson was advised to write to CSSIW in respect of this. The correspondence has been received by CSSIW and is being addressed separately to this inspection.

A copy of the Statement of Purpose was provided to the Inspector on the day of the visit. Discussions were held with the manager with regard to the information provided in the Statement of Purpose. The document includes all the information as required by the Care Homes Wales Regulations 2002, however minor amendments are required to reflect the current services provided at the care setting e.g. number of registered places available, reference to CSIW (Care Standards Inspectorate Wales) should be amended to CSSIW (Care and Social Services Inspectorate Wales). A copy of the "Conditions of Admissions and Terms of Business" is included with the Statement of Purpose.

One service user spoken with confirmed that she had an opportunity to visit a number of homes in the area prior to making a decision to move to Llys Meirion. Referrals for the service are made by the Social Worker/Case Manager. Inspection of service users' files demonstrated that pre admission assessments are undertaken. The manager stated that she continues to visit prospective service users in hospital or their own home prior to making a decision to offer a placement at Llys Meirion.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

--

Planning for individual needs and preferences

Inspector`s findings:

Inspection of four service users files inspected as part of the case tracking process demonstrated that service users care plans are consistent with the pre admission assessments provided by the Social Worker. Staff have access to the "working file" for each individual. The individual files contain daily records, initial care plans and reviews.

The service users' files and care plans inspected demonstrated that the care plans identify the areas of need. Areas of need include personal hygiene, dressing and undressing, pressure areas, nutrition, communication and recreation. Any identified needs are recorded with an objective and instructions to meet the needs. All care plans are held on the homes' computer, which all staff have access to on a daily basis. It is recommended that a hard copy of the documentation is retained on the individual service user files.

It was also evident that reviews are conducted in accordance to the National Minimum Standards.

Records are maintained of any GP and district nurse visits with any required intervention recorded.

Records are stored securely on the premises. The manager is aware of the requirement to retain all records for a minimum of three years from date of last entry. {Regulation 17(4)}. The day to day working files are audited on a regular basis with any non relevant information kept securely on the premises for future use if and when required.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

All care plans are held on the homes' computer, which all staff have access to on a daily basis. It is recommended that a hard copy of the documentation is retained on the individual service user files.

Quality of life

Inspector`s findings:

Observations of practice during the inspection demonstrated that service users are treated with respect and dignity.

One service user spoken with described the staff as caring. Service users choice when to get up, when to retire and where to have their meals served is respected by staff. The inspection was conducted at 8:40a.m. in the morning were some service users were finishing off their breakfast in the dining room. Other service users were in their bedrooms having their breakfast and waiting for assistance with bathing.

One service users smokes, however there is a no smoking policy in operation at the home. Service users wishing to smoke are requested to do so outside of the home in the front of the building or in the rear garden.

The manager confirmed that a good relationship continues to exist between the Health Service and Local Authority.

One service user with dementia was seen to be supported by staff. The service user preferred to sit with the manager and inspector during the inspection visit. The manager explained that it was a regular occurrence for the service user to sit with staff in the staff room area. The service user was seen to enjoy the interaction with the staff and manager and, when appropriate, her needs were dealt with sensitively by staff members on duty.

It was evident that visitors are welcome to the care setting at all times. Reference to this is made in the Statement of Purpose.

Reference to religious services is also made in the Statement of Purpose i.e. "Residents will be invited to attend their own religious services and if outside the home transport will be provided. Where possible Ministers will be encouraged to attend at the home".

Risk assessments are conducted specifically to the individual service user. Evidence of individual risk assessments were seen on the service user files. As previously stated the assessments cover the individual's areas of assessed need.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Quality of care and treatment

Inspector`s findings:

As previously stated the manager confirmed that a good relationship continues to exist between the GP practice and District Nurses. The staff will keep a record of any professional visits by health personnel, the outcome of the visit and any intervention required by staff. However any nursing intervention is conducted by the district nurses. Records are maintained by the district nurses which are retained separately on the premises.

Service users were seen to be treated with respect and dignity on the day of the inspection visit. The service users questionnaires affirmed this. The questionnaires referred to the staff being courteous, respectful and caring. Reference was also made to having a choice when to get up, when to retire, when to have a bath and what clothes to wear.

The manager was requested to complete a medication checklist within the Self Assessment Form. The information stated that the manager is the designated person responsible for the overall management of medication at Llys Meirion. Staff receive training in administration of medication, the last training conducted in April 2007. None of the service users accommodated at Llys Meirion self medicate. However this would be agreed upon if requested following the outcome of a risk assessment. The staff questionnaire returned referred to the quality of care provided to service users as “good”. The questionnaire also stated that staff are aware and have access to care plans and that service users are involved in decisions about he care they receive.

A full audit of whether the home complies with all the relevant Health and Safety legislation was not undertaken. However the following data was provided with the Self Assessment Form:

- A fire risk assessment was conducted in December 2006 which included an “Emergency plan”.
- Staff have received training in Fire Safety in June 2007. Certificates of attainment were seen on the day of inspection.
- The home has an electricity validity certificate valid for an additional two years.
- All portable electrical appliances received an annual inspection by a competent person in June 2007.
- The stair lift was serviced in June 2008.
- The hoists a where serviced in February 2008.
- Gas safety inspection was conducted in February 2008 by a registered CORGI gas engineer.
- The last Environmental Health Inspection was conducted in February 2008.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Staffing

Inspector`s findings:

There are two care staff on duty during the day, this includes the registered manager when she is on duty. In addition the home has a domestic assistant and cook employed at the home. The staff member spoken with confirmed that staffing levels are appropriate to the needs of the present service users accommodated at Llys Meirion. This was later reaffirmed by the manager who confirmed that there are two carers on duty during the day with two staff working the night shift. The night staff comprise of one staff on wakeful duty with an additional sleep in staff member.

The information provided with the self assessment form demonstrates that there have been a number of staff changes at Llys Meirion during the past twelve months. This was discussed with the manager during the inspection. The manager explained that a number of staff were recruited through an agency and with the exception of two, others left due to personal reasons e.g. to return to their home town or country of origin, unable to maintain two jobs. Two others appointed were unsuitable and left. The manager stated that the home now has more local staff appointed with four new recruitments made since November 2007.

The self assessment form states that out of the five care staff employed two have attained the NVQ level 2 in care, whilst an additional two are undertaking the training.

Discussion were held with the manager and later with the provider regarding staff training. As previously stated staff have received training in Fire Safety in June 2007. In addition to this four staff have received training in manual handling and three in first aid. Training should be provided in subjects specific to the service users accommodated at Llys Meirion. Llys Meirion is registered to provide care and accommodation for two service users who have been assessed as requiring Dementia care, however there is no evidence in the self assessment form and during discussions with staff and provider that training has been provided to staff in respect of this. The registered persons are reminded that staff should receive "suitable assistance, including time off for the purpose of obtaining further qualifications appropriate to the work they perform". Regulation 18 (1)(c)(ii). Standard 23.3 of the National Minimum Standards for Care Homes for Older Persons recommends that all staff receive a minimum of five paid days training per year (including in house training). The registered persons are also reminded of the free training opportunities provided by Gwynedd Council for care home staff.

As part of the inspection process the files of three care staff where inspected for compliance with the Regulations (Regulation 7, 9, 19 Schedule 2). With the exception of a two photograph for staff identification and copy of qualifications all other information as required by the regulations were on the individual files. The manager explained that she is in the process of obtaining the required photographs and acknowledged that she had not obtained copies of certificates of attainment of any qualifications recorded on individual application forms. The manager agreed to obtain this information for all staff.

A staff member spoken with confirmed that a two week induction programme had been followed. This included shadowing experienced staff members during different periods of the day. The staff member also confirmed that she had attended training in First aid and Moving and Handling.

Ten staff questionnaires were sent to Llys Meirion. Staff views in respect of the overall management of the care home, including the care and facilities provided at the home play an integral role in the quality of care provided at such settings. It is disappointing to record that only one questionnaire was returned to CSSIW. The questionnaire returned referred to the no an annual appraisal being conducted, however no formal supervision. The self assessment form returned states that supervision is provided every three months with a written report produced. The questionnaire was returned following the inspection visit and reference to supervision sessions were not discussed during the inspection visit. The registered persons are requested to confirm in writing to CSSIW whether supervision is conducted for all staff at Llys Meirion.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Conduct and management of the home

Inspector`s findings:

Mr and Mrs Thompson, the present owners purchased Llys Meirion in October 2006. Mr and Mrs Thompson own another care home - Redcroft in Colwyn Bay. Mrs Thompson is the registered provider of Llys Meirion. Mrs Thompson has many years experience and has completed the NVQ level 4 and Registered Managers Award. Mr Thompson visits Llys Meirion twice a week to conduct management duties in respect of financial matters and takes responsibility for ordering and delivering the food and provisions to the home. Mrs Thompson conducts the Regulation 27 visits, however the most recent one scheduled for April/May is overdue. Mr Thompson stated that Mrs Thompsons' time is spent at the home in Colwyn Bay where she is also the registered manager. Mr Thompson was present during part of the inspection where discussions were held regarding the registration of Llys Meirion. Mr Thompson requested an application to register as provider of Llys Meirion with Mrs Thompson. This is being processed separately to this report.

Since the previous inspection Miss Josie Jones has submitted an application to register as manager for Llys Meirion. Miss Jones has the necessary experience and qualifications and was successfully registered with CSSIW as manager for Llys Meirion in November 2007.

Information provided in the Self Assessment form states that Miss Jones has attended various training opportunities e.g. First aid, Moving and Handling and Fire Safety.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Concerns, complaints and protection

Inspector`s findings:

The home has a complaint procedure which has previously been viewed by CSSIW. The procedure complies with the Regulations. Reference on how to contact CSSIW regarding complaints is made in the procedure and in the Statement of Purpose.

On inspection of service users' files it was observed that the manager has dealt with a complaint about services at Llys Meirion. It was evident that the complaint had been dealt with appropriately by the manager with the outcome recorded. No complaints have been received by CSSIW.

A copy of the Whistle Blowing policy and Policy on Abuse was provided as part of this inspection process. It is recommended that a copy of the North Wales Protection of Vulnerable Adults procedures be obtained. The homes' policy on abuse should then be amended to reflect the processes within procedures. The Self Assessment Form demonstrates that staff have not received training in Adult Protection procedures. It is recommended that staff are provided with the opportunity to receive the training.

The staff questionnaire returned stated that they were not aware of a Whistle Blowing policy in operation at the home. It is recommended that all staff are made aware of the policy.

The self assessment form states that all staff are subject to a satisfactory CRB check prior to appointment. CRB's are renewed every three years by the registered provider. Three CRB's were inspected on the day of the visit and deemed satisfactory.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

It is recommended that a copy of the North Wales Protection of Vulnerable Adults procedures be obtained. The homes' policy on abuse should then be amended to reflect the processes within procedures.

The Self Assessment Form demonstrates that staff have not received training in Adult Protection procedures. It is recommended that staff are provided with the opportunity to receive the training.

The staff questionnaire returned stated that they were not aware of a Whistle Blowing policy in operation at the home. It is recommended that all staff are made aware of the policy.

The physical environment

Inspector`s findings:

An inspection of the physical environment of Llys Meirion was not conducted during this inspection process. With the exception of the double room all aspects of the accommodation remain as previous inspection visits.

Llys Meirion is located close to the centre of the seaside town of Barmouth and within walking distance to all amenities.

Due to the communal space at Llys Meirion the registered numbers has been reduced to twelve service users. Accommodation is now provided in 12 single bedrooms. Six of the bedrooms have en suite facilities, with adequate toilet and bathroom facilities around the home.

The communal areas and one bedroom seen are decorated and furnished to a pleasing standard. The large dining cum lounge area is spacious with windows to the front of the property. Due to the size of the room the carpet is fitted with a join to the centre of the room. The carpet join has frayed and worn due to excess wear and tear from wheelchairs and walking. This was brought to the attention of Mr Thompson who agreed to address the issue. It is recommended that a risk assessment be conducted in respect of this and any action required receives attention.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

It is recommended that a risk assessment be conducted in respect of the carpet and any action required receives attention.