

NATIONAL ASSEMBLY FOR WALES

CARE STANDARDS INSPECTORATE FOR WALES

Care Standards Act 2000

INSPECTION REPORT CARE HOMES FOR YOUNGER ADULTS

Plas y Bryn (Colwyn Bay)

Tan-y-Bryn Road
Rhos-on-Sea
LL28 4AD

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CARE STANDARDS INSPECTORATE FOR WALES

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Contact telephone number:	01492 544117
Registered provider:	Care At Home (Wales) Ltd
Registered manager:	Clive V Atkinson
Number of places:	16
Category:	Care Home Nursing - Younger
Dates of this inspection from:	8 March 2007
Dates of other relevant contact since last report:	23 February 2006
Date of previous report publication:	
Inspected by:	Gwynne Williams
Lay assessor:	

GUIDELINES ON INSPECTION

INTRODUCTION

This report has been compiled following an inspection of the home undertaken by the Care Standards Inspectorate for Wales (CSIW) 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 the process of inspection and records its outcomes. The report is divided into eight distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the home's compliance with Care Homes (Wales) Regulations 2002 is recorded.

The CSIW's Inspectors are authorised to enter and inspect care homes at any time. The annual pattern of inspections consists of a minimum of one announced inspection - for which prior information on service users, staffing and other essential information is obtained from the home - and one unannounced inspection, which may be out of normal office hours. Visits are also made to investigate complaints and in response to changes in the home. Inspection enables the CSIW to satisfy itself that continued registration is justified. It ensures compliance with:

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

Over a 12 month period inspectors will:

- spend time with service users and seek to engage them in conversation, in private as necessary
- see all of the accommodation used by service users
- talk to the manager and each group of staff
- satisfy themselves that all records are being properly maintained

Readers must be aware that the report is intended to reflect the findings of the inspector on specific inspection visit(s). Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the CSIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by CSIW. This includes those made by CSIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with the CSIW or with the registered person.

The Care Standards Inspectorate for Wales is required to make reports on registered facilities available to the public. The report is a public document and will be available on the National Assembly web site:

<http://www.csiw.wales.gov.uk>

SUMMARY

This is the first inspection of the home following Care Standards Reform of Regulations. The Registered Manager completed a self-assessment document allowing the opportunity to give an objective view reflecting the quality of the service provided, areas of achievement and those for development.

On receipt of the information, the inspector produced an inspection plan that outlined the methods and focus of the inspection that was submitted to the Registered Manager in advance of the inspection episode. The inspection involved one announced visit. A combination of methods was used as part of the inspection process. This involved examination of documents, consultation with service users, staff and other professionals that have regular contact with the home, direct testing and through observations during the course of the visit.

Plas y Bryn is a large detached house situated in a quiet residential area and within a short walking distance of local amenities. It is registered with Care Standards Inspectorate for Wales to provide nursing and personal care for up to a maximum of sixteen (16) persons. At the present time the home may accommodate 12 persons under 65 years of age and 4 persons over 65 years of age. There were fourteen service users accommodated in the home on the day of the inspection. There is a car parking area near the front entrance and there is wheelchair access to the building nearby. The exterior doors and some interior doors are controlled by a digital lock system as a precaution against the risk of service users wandering out unsupervised.

Service users private accommodation is located on the ground, first and second floor and comprises of fifteen single bedrooms. Thirteen of the bedrooms have en-suite facilities. A passenger lift provides access to the upper floors. Each bedroom is attractively decorated in bright and cheerful colour scheme.

The home has three lounges, one of which is reserved for those service users who wish to smoke. The main lounge, furnished in traditional style with a range of comfortable leather armchairs and settees, has a television and a karaoke machine. A small lounge is situated near the front entrance where service users can entertain visitors. The dining room is a large and sunny room, furnished in mahogany style. The accommodation throughout is maintained to a high standard of cleanliness and décor.

From observations made and from the information provided by service users, staff and visiting professionals it was concluded that there is a relaxed atmosphere within the home where staff work well as a team and feel valued by management. It was also established that service users feel that staff are caring and supportive towards them, that they treat them with respect and courtesy and allow them to exercise their rights.

During the course of the inspection no matters of concern were identified in respect of the care and wellbeing of the service users.

CHOICE OF HOME

Inspector's findings:

Plas y Bryn care home is registered with Care Standards Inspectorate for Wales to provide nursing and personal care for up to a maximum of sixteen (16) persons. At the present time the home may accommodate 12 persons under 65 years of age and 4 persons over 65 years of age. There were fourteen service users accommodated in the home on the day of the inspection.

The home offers nursing services to men and women who have problems or conditions resulting in a disexecutive disorder. This may include mental health problems, learning disability and acquired brain injury either through organic or functional causes. The service users admitted to the home have a propensity to severely challenge due to behaviour or mental illness. Admission is normally via referral from Health Services or Local Authority Social Services Department. Admission is always planned and phased, according to the needs of the individual service user. The home does not take emergency admissions. Service users are only admitted to the home on the basis of a full assessment and on information available about their health and social needs. A functional independent assessment tool that is based on an American model is used by the home as part of the service user's assessment.

The home has produced a comprehensive Statement of Purpose and Service User Guide that provides information to service users and or their representatives about the services and facilities that the home has to offer in order for them to make an informed choice when considering admission to the home. Although both documents had been reviewed in February of this year, there were some inaccuracies identified that need to be corrected. The inaccuracies were brought to the attention of the registered nurse who was in charge at the time of the inspection. From the feedback provided in the postal questionnaires that were returned from the families of service users to the inspector it was commented that the information in the Statement of Purpose and Service User Guide was very "good."

Prospective service users and or their representatives are given the opportunity to view the home and spend a few days there to see if they will settle into the environment and establish relationship with other service user. Service users are admitted for a probationary period of three months and confirmation of continued residency is given by the beginning of the 12th week.

A contract is drawn up between the funding authority and the home. The home also has its own written agreement between the service user and the home although a copy of the agreement is not included in the Service Users Guide. This agreement specifies the room to be occupied by the service user, circumstances that the company may give notice to service users to leave etc.

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
The home's terms and conditions in respect of accommodation to be provided for service users, including as to the amount and method of payment of fees must be included in the Service User Guide.	01/04/07	5 (1) (b)

Good practice Recommendations:

The home's Statement of Purpose and Service User Guide needs to amend the inaccuracies that has been identified.

INDIVIDUAL NEEDS AND CHOICES

Inspector's findings:

The inspector was informed that service users are provided with information by the staff and assisted to make decisions about their lives. Limitations on facilities, choice or human rights to prevent self-harm or self-neglect, or abuse or harm to others are only in the service user's best interest. Risk assessments are carried out on admission and a plan of care is produced in consultation with the service user, the care manager, and the care staff. At this time conditions of care will be made, particularly with regard to choice, restrictions and interventions that may be part of the implementation of the plan of care.

Family and friends are welcome to visit service users at the home and maintain contact with them. Relatives commented that the staff make them feel welcome and are informed of any special events that take place to which they are invited. Service users may choose whom they see and may entertain their visitors in the lounge or within the privacy of their private accommodation.

It was stated that some service users choose to contribute to the day to day running of the home e.g. some service users take responsibility for their private accommodation, others help clean and tidy the dining room.

Service users may choose to maintain responsibility for their own finance. If a service user is unable to do so a family member or independent person would be asked to take the responsibility. Only as a last resort or temporary measure will the registered manager act as appointee to the service user. Service users' financial benefits are paid directly to their personal accounts in the bank or building society. Service users wishing to withdraw money from their account are supported by the staff to do so. The money withdrawn may be kept by the individual service user on their person or kept in a secure facility within the home. Where money is credited or debited on behalf of a service user a signed record is kept together with an receipts.

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:

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LIFESTYLE

Inspector's findings:

It was reported that service users are given the opportunity to maintain and develop social, emotional and independent living skills. In particular they are taught self-help skills in relation to maintaining personal hygiene and handling money. Service users are encouraged to continue in activities that they engaged in prior to entering the home as well as be involved in a range of activities such as shopping trips, walks etc that are organised by the staff of the home. One relative informed the inspector that her son is taken to the cinema, theatre, ten pin bowling, and swimming. The staff will provide help to service users to find out and take up work opportunities such as in-house work or volunteer work placement. One service user told the inspector that he helped out at a local theatre handing out leaflets.

Service users are encouraged to integrate into community life by making use of services, facilities and activities in the local community. The relative of one service user stated that her son enjoys long distances walking and a member of staff accompanies him on such occasions. Access to transport such as public transport, taxis and the home's own vehicle enables service users to pursue their chosen lifestyle. A limited time is imposed on service users when they spend time in the local community. This is done in consultation and with the agreement of the individual service user. The inspector was told that rules apply regarding smoking, consumption of alcohol and illicit drugs however, it was noted that such rules are not stated in the contract of residency.

Service users are enabled to engage in political elections; their name is placed on the local electoral register following their admission to the home.

The staff of the home strives to make available holiday stays at different locations appropriate to the individual service user's physical and mental health needs. The relative of one service user stated that a member of staff had on two occasions accompanied her son back home to enable him to spend time with the family. Another trip is planned to enable the service user to attend the parents diamond wedding anniversary. Group trips are planned usually comprising of two or three service users. The inspector was told that one service user went on holiday to Greece and that arrangements had been made for two others to visit Blackpool next month.

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 rules relating to smoking, consumption of alcohol and use of illicit drugs is stated in the terms and conditions of residency.

PERSONAL AND HEALTHCARE SUPPORT

Inspector's findings:

Service users are supported to manage their personal hygiene and also take control of and manage their own healthcare and medical condition.

Service users admitted to the home are registered with a general medical practitioner in one of the four surgeries that serve the home. They are also supported to access N.H.S. healthcare facilities in the locality and are accompanied by a member of staff to attend hospital appointments. The relative of a service user confirmed that the staff accompany service users to hospital or dental appointments. A chiropodist is in attendance at the home every eight weeks. Dental treatment is available at two local N.H.S. hospitals. The home will also access specialised medical and nursing personnel that are employed in the N.H.S. Trusts. The home also engages the service of a local consultant psychiatrist who visits the home twice a month to review the treatment of service users, attends case conferences and liaises with the general medical practitioners and the service users' registered medical officer in the area from where they have been admitted.

Each service user is allocated a key worker who is a registered nurse and takes the lead in planning and reviewing the care. Alongside this is a "partner system" which comprises of care workers who carry out the care prescribed and participate in the review of the service user's care. The care staff develops a care plan for each service user that is based on the assessments carried out and covers aspects of personal, social and health care needs. Several care plans were viewed during the course of the inspection. There was evidence to show that risk assessments are undertaken on service users and that limitation on choice and freedom imposed upon the service user is recorded. There is also evidence that the prescribed care is reviewed on a regular basis. The home has a written policy on confidentiality and staff are required to respect information relating to the service users. A statement on confidentiality is included in the Statement of Purpose which states that any breach of confidentiality by any member of staff will be considered as gross misconduct and will be dealt with accordingly.

Independent advocacy is encouraged so that service users can be represented in the care process either through informed choice or through agreement of care regimes, which may be deemed necessary from time to time.

The cook in conjunction with the care staff is responsible for all aspects of service users' diet as well as menu planning and purchasing. The home provides a four-week rotational menu and alternatives to the menu is also available. Special diets are provided for those service users who dietary intake has to be carefully monitored e.g. reducing diet. In addition to the main kitchen there is a small kitchen where service users may prepare their own meal under staff supervision as part of their programme of independent living.

A designated clinic room for the storage of medicinal products which is kept locked when not in use. General security measures within the room were good. The inspector was informed that because of the difficulty in keeping the temperature of the room to an acceptable level it is intended to transfer the storage of medicines to another room within the home. A medicine trolley is kept on the ground floor near the nursing office. The trolleys is kept locked and chained to the wall when not in use. Controlled drugs are stored in an appropriate metal cupboard.

Receipt, administration and disposal of controlled drugs including a running balance are recorded in an approved control drug register. The controlled drugs in stock on the day of inspection were checked in the presence of a registered nurse and the balance was found to be correct.

Medicines requiring refrigeration are stored in a locked refrigerator and the temperature is checked using a minimum/maximum thermometer.

Medication administration charts were viewed and several unexplained gaps were identified whereby the initials of the registered nurse or the reason for non-administration had not been recorded.

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
The initials of the registered nurse administering medication to a service user must be recorded. The reason for non-administration of medicine must also be recorded using the relevant code listed on the administration of medicine record.	31/03/07	13 (2)

Good practice Recommendations:

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STAFFING

Inspector's findings:

Plas y Bryn employees first level registered mental and general nurses that are experienced to meet the needs of service users admitted to the home. Supported by care assistants the registered nurses are responsible for directing and supervising the care of service users. As the home provides nursing care there is always a registered nurse on duty throughout the twenty-four hours. The home has a very stable workforce particularly in relation to registered nurses. There had been a low turnover of staff since the last inspection.

The home has a staff recruitment procedure document to ensure that the correct procedure is followed when recruiting and selecting new staff. During the course of the inspection a number of staff records were viewed and evidence was available to show that appropriate steps are taken to ensure that newly appointed staff are of good character and suitably qualified and experienced to undertake the duties that are required of them. These include the taking up of references, criminal record bureau checks and confirmation from the Nurses and Midwifery Council that registered nurses are eligible to practice. The inspector was informed that newly appointed staff are employed on a three month probationary period and are required to follow an induction training programme that is based on the "Social Care Induction Framework Guidance" published by the Care Council for Wales. Induction training commences on the first day/night of employment and completed as soon as practicable depending on the individual's performance. On successful completion of the probationary period staff are issued with a statement of the terms and conditions of their employment and are given copies of the Codes of Conduct and Practice set by the Care Council for Wales. This was confirmed in the completed postal questionnaires returned to the inspector prior to the inspection. Subsequent training is provided both in-house and externally to up-date staff knowledge and skills and to meet the requirement of the nurses registration body the Nurses and Midwifery Council. A record of training undertaken by staff was made available to the inspector. Some members of staff commented that younger less experienced care staff should be given more training but no specified training was mentioned. Care assistants are encouraged and supported to undertake National Vocational Qualification (NVQ). The inspector was told that two members of staff had achieved NVQ Level 3 and seven had achieved NVQ Level 2. Two staff are currently undertaking NVQ Level 2 training.

Formal staff supervision has been introduced at the home that is given on a one-to-one basis, in dedicated time and is recorded. There was evidence to show that staff receive an annual appraisal to review their work performance over the year, identify their training needs and agree career development plans.

A written staff rota is kept showing which staff are on duty and in what capacity they are employed. In addition to the registered manager on duty the rota detailed the following staff that are normally on duty:

	Registered Nurses	Care Assistants
7:45am – 8:00pm	2	8
8:00pm – 8:00am	1	3

Agency staff are employed on occasions to ensure that staffing is kept to a safe level. It was reported that they are orientated to the home if it is their first time to work at Plas y Bryn.

It was reported that one of the registered nurses is responsible for carrying out formal staff supervision on all staff within the three homes within the company. It was stated that staff supervision had been held on a group rather than on a one-to-one basis, because the nurse concerned was finding it difficult to carry out supervision sessions on all the staff on a one-to-one bases once every two months. It is understood that the nurse concerned had also been given additional responsibilities which had made it more difficult for her to achieve this objective. The inspector suggested that the responsible individual be informed of this so that alternative arrangements can be considered.

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
Ensure that formal staff supervision is carried out on all the staff at least once every two months.	01/07/07	18 (2)

Good practice Recommendations:

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CONDUCT AND MANAGEMENT OF THE HOME

Inspector's findings:

Plas y Bryn Care Home is one of three care homes that were taken over on change of ownership by Care at Home (Wales) Limited on the 1st June 2006. The Responsible Individuals are Mr Ged Fitzpatrick and Mrs Angela Fitzpatrick who are directors of the company. Mr Fitzpatrick is in regular attendance at the home. Mr Fitzpatrick is a registered nurse and has a range of experience in many health and social care settings. He has been the general manager of the care homes within the group prior to him taking over the business from the previous owner.

The registered manager is Mr Clive Atkinson who is a first level registered nurse mental handicap (RMNH). Mr Atkinson has experience in caring for younger adults and older persons in both the National Health Service and Independent sector. He has achieved the Registered Manager Award NVQ Level 4 in the Management of Care approved by the Care Council for Wales.

The organisational structure of the company shows clear lines of accountability. It was established that management is approachable and supportive and adopts an open and proactive approach to the way the home is managed. Informal meetings between the manager and staff are held on a daily basis and formal meetings are held monthly and minutes of the meetings are recorded.

In order to determine the quality of the service provided regular discussions are held between staff regarding the care that is provided and also questionnaires are available to visitors. Questionnaires are also sent to Care Managers and Local Health Board as well as information gained from feedback during clinical review meetings. It was established that no quality questionnaires had been distributed to obtain the views of family and friends and other persons who have regular contact with the home since the previous inspection.

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
The views of family and friends and other stakeholders in the community must be sought on how the home is meeting the needs and preferences of service users.	01/05/07	25 (3) (a)

Good practice Recommendations:

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CONCERNS, COMPLAINTS AND PROTECTION

Inspector's findings:

There is a complaint procedure displayed within the home which service users, their representatives and visitors may follow should they have concerns or are dissatisfied with the services provided. The procedure is also incorporated within the home's Service User Guide. It was established from discussion with service users and members of staff that service users are supported to make a complaint and are helped to access local independent advocacy, depending on availability. The complaint procedure states that every effort will be made to resolve complaints within 28 days. If complaints are made a record is kept with details of investigations and action taken.

The home has produced a written procedure for responding to suspicion or evidence of abuse or neglect including "whistle blowing" policy to ensure the safety and protection of service users. The inspector was told that some had attended an awareness session on the protection of vulnerable adult from abuse. However, it is intended that such training will be provided to other staff members in the near future.

The home also has a procedure on the control and management of physical and verbal aggression.

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:

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ENVIRONMENT

Inspector's findings:

Plas y Bryn is a large detached house situated in a quiet residential area and within a short walking distance of local amenities. There is a car parking area near the front entrance and there is wheelchair access to the building nearby. The exterior doors and some interior doors are controlled by a digital lock system as a precaution against the risk of service users wandering out unsupervised.

Service users private accommodation is located on the ground, first and second floor and comprises of sixteen single bedrooms. Thirteen of the bedrooms have en-suite facilities. A passenger lift provides access to the upper floors. Each bedroom is attractively decorated in bright and cheerful colour scheme. The furniture provided is in country pine style. Bedrooms are carpeted and centrally heated. The door to each bedroom is fitted with a lock to ensure that privacy and possessions are protected. Some service users have their own key to their bedroom door so that they can gain access at any time. A nurse call bell is available in the bedrooms, bathroom and toilets to enable service users to summon assistance should it be required. Windows on the upper floor are fitted with a device to restrict their opening as a precaution against the risk of injury to service users. The accommodation throughout is maintained to a high standard of cleanliness and décor. Visiting relatives told the inspector that each time they visit the home they have always found the accommodation clean and well maintained.

The home has three lounges, one of which is reserved for those service users who wish to smoke. The main lounge, furnished in traditional style with a range of comfortable leather armchairs and settees, has a television and a karaoke machine. A small lounge is situated near the front entrance where service users can entertain visitors. An area in the front lounge is reserved for computer work, games, craft work and reading from the small library. The dining room is a large and sunny room, furnished in mahogany style. Service users are encouraged to take their meals in the dining room, but may take them in their room if they prefer.

While smoking is discouraged, it is accepted that many people with mental health problems do smoke therefore a lounge is provided for the use of these service users. if they so wish. The home has a hairdressing salon and a visiting hairdresser.

There are a number of bathrooms, a walk-in shower room and toilet facilities throughout the home. These were observed to be clean and tidy with no unpleasant odours.

The kitchen and food storage area had been inspected by the Environmental Health Officer in January this year. Matters identified that required action to be taken had been addressed.

The laundry room is located in the basement where service users personal clothing is washed in a commercial washing machine. The laundry is carried out the care staff and a service user also assists with the laundry. A number of care staff commented that a designated laundry person should be appointed to undertake laundry duties instead of relying on support staff to do the work.

A sluice is located on the ground and first floor. Hand washing facilities with soap dispensers and disposable paper towels are available in various locations throughout the home. Clinical waste is stored outside the buildings in appropriate bins to await collection for disposal.

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:

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Comments made by the provider Mr G A Fitzpatrick from a letter dated 22 March 2007:

I am in agreement with all of the information provided within the report and we will ensure that all requirements are met within the given timescales.

However the comment on Inspectors findings under the heading "Environment" states that, ".....staff commented that a designated laundry person be appointed to undertake laundry duties, instead of relying on support staff to do the work". This does not identify the carer role in supporting and enabling service users to participate in this activity.