Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Elan Specialist Residential Care Service

Merthyr Tydfil

Date Inspection Completed

19/11/2024

About Elan Specialist Residential Care Service

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Elan Assisted Living Services Limited
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	06 June 2023
Does this service promote Welsh language and culture?	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 living at Elan Specialist Residential Care Service receive a good standard of care and support provided by a stable team of care staff. Assessments are completed prior to admission and there are personal plans setting out people's care and support needs and highlighting any risks to their health and safety. Reviews of care documentation are frequent with people and their representatives being consulted on the care and support provided. People are supported to be as independent as they can be and engage in activities they enjoy. People receive their medication as prescribed, however, medication management arrangements need to be strengthened.

Care staff are recruited safely and feel supported and valued by the provider. Ongoing training is provided to ensure care staff remain sufficiently skilled. The Responsible Individual (RI) and manager are a visible presence at the service and have good working relationships with people and the staff team. Governance, quality assurance and auditing systems are in place, however, auditing systems need to be enhanced to improve oversight of service delivery.

Well-being

The environment helps support people's well-being. The home is well presented, clean and comfortable. Communal areas are welcoming and homely. We saw people in communal areas, they looked relaxed and comfortable. People's rooms are personalised to their preference. An ongoing programme of maintenance and repair ensures the home, its facilities and equipment are safe to use. The home is safe from unauthorised access. However, the provider needs to ensure all restricted areas within the home remain safely secured to prevent people from accessing them.

As far as possible people are protected from harm and abuse. Care staff receive safeguarding training and other training relevant to the needs of the people they support. Care staff are aware of their safeguarding responsibilities and the process for raising concerns. Policies and procedures help to underpin safe practice. Personal plans are kept up to date and detail safe ways of supporting people.

People are encouraged to have control over their day to day lives and are offered daily choices. People are able to participate in activities of their choosing in the home and community. People can decide what time they get up in the morning and when they retire at night. People can choose when and what they eat and are supported to make healthy choices. People can choose where they spend their time whether it's in communal areas within the home or the privacy of their own rooms.

People are supported to maintain their health and well-being. Care staff have positive relationships with people and have a good understanding of their care and support needs. Care staff can recognise changes in people's presentation and report to the relevant professional for advice or support. The service liaises with health professionals to report any concerns and follows any guidance given. Medication is administered as prescribed; however, medication management arrangements need to be strengthened.

Care and Support

Prior to a person being admitted to the service an assessment is completed. This is done to identify the persons needs and determine if the service is suitable. When people are admitted to the service a personal plan is devised. This document provides care staff with information and guidance on the best ways of supporting people to achieve their personal outcomes. It also contains risk assessments setting out strategies for keeping people safe. Specialist plans such as positive behaviour support (PBS) plans and epilepsy profiles are in place for people who require specialist interventions. We found personal plans are person centred, meaning they are specifically tailored to each person's individual set of needs. We saw evidence personal plans are reviewed in line with regulation to ensure they remain relevant.

People are happy with the care and support they receive and have good relationships with care staff. We saw care staff interacting positively with people. It was clear care staff know the people they support well and are familiar with their needs and routines. People provided positive feedback regarding care staff. One person said, *"The staff are alright. I like all of them".* We saw people are supported to do the things they enjoy with participation in activities being recorded in their personal plans. On the day of our inspection, we saw people being supported to access the community. We spoke to the management about implementing activity plans in order to capture people's activity preferences. The management assured us this would be done.

People have access to the necessary health and social care professionals to help maintain their overall health and well-being. We saw people attend regular appointments and advice is sort from professionals when needed. We received feedback from a social worker connected to a person living at the service. They said, "*I have always been impressed with the quality of care provided by Elan. They have been very helpful with xxxx and agreed to take him as an emergency. I find there's a nice atmosphere at the home and all the staff are friendly and welcoming".* Support is available for people with medication needs. There is a medication policy and care staff receive medication training. We saw medication is securely stored and people receive their medication at the right time. However, we found some elements of the services medication management systems need to be strengthened. We discussed this with the management who assured us medication management arrangements will be strengthened to ensure they are suitably robust.

Environment

People live in a suitable environment. The service is set over three floors. Communal areas are located on the ground floor. They consist of two lounges and a kitchen diner. The kitchen facilities are appropriate for the home and have achieved a Food Hygiene Rating of 5, meaning it is ‘very good’. We found communal areas are clean and comfortable with appropriate décor and furnishings. People’s rooms are located on the second floor. We saw people’s rooms are personalised to how they want them. People’s rooms are a good size and are equipped with en-suite bathing facilities. Vacant rooms on the upper floor are currently being used for storage. We found these rooms had been left unlocked and could pose a risk to people living at the home. We informed the management who assured us the doors would be locked to ensure people’s safety.

The home is maintained to a good standard and is comfortable and clean. Daily laundry and cleaning duties are maintained. There are maintenance and repair arrangements in place, any issues identified are reported to the management who action them. Records confirm the routine testing and maintenance of utilities such as water, electricity and gas. There is an up-to-date fire risk assessment and fire safety features are routinely inspected by suitably qualified trades people. Fire drills are held regularly, and people have personal emergency evacuation plans to inform staff of the level of support people need in the event of an emergency.

Leadership and Management

Care staff are recruited in line with regulation to ensure they are suitable to work with vulnerable people. Records we examined show that the provider carries out the necessary checks when recruiting staff. All new care staff have to complete a structured induction where they undertake core training and get to shadow experienced members of the team. On-going training is provided relevant to care staff's roles. Training records show care staff are mostly up to date with their training requirements. All care staff are required to register with Social Care Wales, the workforce regulator. This is done to ensure care staff possess the skills and qualifications needed for working in the care sector. We viewed the Social Care Wales register and found all staff working at the service are suitably registered.

Formal support is provided to care staff so they can reflect on their practice, discuss any issues they may have and set their development goals. Care staff have supervision every three months and receive an annual appraisal. Care staff told us they enjoy working at the service and feel supported in their roles. One said, *"Team morale is very good, we all get on really well".* Another commented, *"The manager is brilliant, very approachable and supportive".* Over the past twelve months there has been no staff turnover and people are provided good continuity of care.

There are a range of governance and quality assurance systems in place. The RI meets with people and staff regularly to gather feedback on service provision. This helps inform improvements within the service. Quality of care reviews are held every six months to assess the services performance and to identify where improvements can be made. We examined the latest quality of care report and found it clearly evidences the services strengths and areas where it can improve. We found auditing systems require strengthening. This would allow the management to have better oversight of the service, including actions taken in relation to any issues identified. We discussed this with the management team who assured us they would be reviewing their current systems to implement improvements. The service provider has policies and procedures in place helping to support safe practice. These are kept under review, updated when required and contain clear guidance for care staff, in line with statutory and best practice guidance.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	

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Date Published 13/12/2024