



Inspection Report on

Llanthewy House

**47 Llanthewy Road
Newport
NP20 4JZ**

18 May 2021

18/05/2021

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About Llanthwy House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Llanthwy Care Services Ltd
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	Manual Insert This is the first visit to the service since registration in January 2019.
Does this service provide the Welsh Language active offer?	No

Summary

The individual outcomes of people living at the service are generally met. The ethos of the service promotes a person centred approach to their care and support. We were told individuals daily lives have been adversely affected by the pandemic. The staff team is small and stable which provides consistency and familiarity to residents. We found systems to support the smooth running of the service are ineffective. Arrangements to protect individuals from abuse and harm need strengthening. Staff have not received the necessary core training to update their skills and knowledge. The responsible individual (RI), is not carrying out their regulatory duties in regards to overseeing the management of the service and providing assurance it is safe, well run and complies with regulations. The RI has failed to conduct any formal visits to the service since its registration in January 2019. Quality of care reviews have not taken place as required by the regulations. Due to the significance of our findings, we identified a number of areas of improvements linked to the leadership and management of the service.

Well-being

People have control over their daily lives. The service is to promote individual choices. Personal plans show that individuals are consulted about all aspects of their care and support. This means individuals make decisions that affect their everyday lives, for example, by setting individual goals. The service supports individuals to maintain and develop their daily living skills. Individuals participate in the running of the service. The service promotes a rights based approach to care and support.

People are supported to be healthy and active. Staff support individuals to manage their physical and emotional wellbeing. People told us the pandemic restrictions have had an impact on their education, leisure and social lives. During lockdown, individuals were encouraged to participate in a range of activities to support their emotional health. The communal areas of the property are designated into zones where residents can take part in music, films and arts and crafts. A meditation space has been created and the garden developed. Individuals have maintained relationships with their friends and family.

Arrangements to protect individuals from harm and abuse need strengthening. Accidents, incidents and complaints are monitored. Individuals are supported to raise their concerns about the service. We found the relevant agencies have not always been informed of significant incidents and events. The service's safeguarding policy fails to reflect current guidance. Staff require training in the All Wales Safeguarding protocols to instruct them in their role and responsibilities. Policies require review to support staff when dealing with incidences related to violence at work. Overall, the lack of governance arrangements fail to fully protect people who live and work at the service.

The service is working to promote hygienic practices and manage risks of infection. Professionals have visited the service and provided guidance on the use of Personal Protective Equipment and social distancing of people in communal areas. The service supports people to access healthcare to maintain their ongoing health and wellbeing.

Care and Support

People's individual needs are considered. Personal plans are written in consultation with individuals to support them to achieve their personal outcomes. Residents receive personal support in a way they prefer and require. We saw that personal plans are regularly reviewed with each resident and include their views, wishes and feelings. A recent satisfaction survey showed individuals views opinions are sought about their care delivery.

People's independence is respected and promoted. Individuals are supported to take risks as part of an independent lifestyle. Individual risk assessments are in place. Staff ensure consistency and continuity of support by acting as designated key workers. This enables staff members to get to know individuals well. People are supported with their personal development. We saw residents are central in setting their individual objectives. Residents are assisted to access healthcare services when necessary. Staff told us communication with some healthcare professionals could be improved.

Staff need support and development to perform their role. Recruitment practices were not considered during the visit, there have been no new staff members employed at the service. During the pandemic, staff were kept informed of changes in guidance and legislation via regular updates. Staff continued to receive supervision from their line managers, which provided an opportunity for staff members to discuss their practice and wellbeing. With the relaxation of restrictions, routine staff meetings are to be reintroduced. Staff have not been supported to undertake the necessary training to enable them to fulfil the requirements of their role. The manager acknowledged staff training was put on hold during the pandemic. A staff training matrix showed the majority of staff's training was out of date. All staff require training in core areas, which includes health and safety practices, safeguarding, Deprivation of liberty safeguards (Dols), Mental Capacity and challenging behaviour. In addition, staff have not received specialist training to meet any additional needs of residents. Given the staff team have worked at the service for a considerable time without refresher training; we identified training as an area of improvement.

Environment

The size and layout of the service is suitable for the residents accommodated. The environment precludes anyone with additional mobility needs living at Llanthewy House. The manager informed us some improvements to the property have taken place although; there have been issues getting tradespeople to carry out regular maintenance work. The manager showed us handwritten notes of a redecoration and maintenance programme for the property. A conservatory, which enables indoor visiting for people, has been added. During the visit, we did not see any maintenance certificates for the property. The RI assured us the property is safe. However, the quality review audit is required in order to evidence this.

Leadership and Management

The manager is suitably registered and experienced to conduct the role having worked at the service in the same capacity for a number of years. The staff team consists of a small, stable staff team. Agency staff are not used at the service. The staff team and bank staff cover staff holidays, sickness etc. Information requested during inspection was not always available. Staff told us the pandemic has affected the running of the service.

People living and working at the service require a clear understanding of the service and how it is delivered. We considered the service's statement of purpose, which is a legal requirement. It sets out the vision for the service and aspiration for meeting the needs of the people accommodated. The information must be accurate and kept up to date. We found the document failed to meet the regulations as it contained references to outdated legislation. Given this document is key to the running of the service, we identified this as an area of improvement.

In addition, we found the service's policies and procedures included out of date information and references to outdated legislation. Policies provide guidance to staff to achieve the best outcomes for people and ensure services are provided in line with the statement of purpose. The responsible individual has a duty to put arrangements in place to review and update policies to reflect changes of practice, changing legislation and best practice recommendations. We found people living and working at the service are not fully protected without the underpinning policies to support them.

Arrangements to assess, monitor and improve the quality and safety of the service have not taken place. We requested a copy of the last quality of care report and responsible individuals three monthly visit to the service. This information was not available at inspection. We saw no evidence any formal visits have been completed by the RI since the service's registration, which is part of a RI's regulatory duties. The RI confirmed she is a regular presence at the service although; any formal visits were undocumented. In addition, the manager informed us quality assurance was not completed for the last year due to the pandemic. We found systems for the oversight and governance of the service are inadequate. Given the RI's lack of oversight of the service, we identified supervision of management as an area of improvement.

Areas for improvement and action at, or since, the previous inspection. Achieved**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None	
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Areas where priority action is required

None	
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Areas where improvement is required

The statement of purpose must accurately reflect the service provided at Llanthewy House.	Regulation 7(1)
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The service provider must ensure that content of policies and procedures are kept up to date and reflect current guidance.	Regulation 12(4)(c)
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The responsible individual must supervise the management of the service.	Regulation 66
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Staff must receive core training appropriate to the work they perform	Regulation 36(2)(d)
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The RI must provide a six monthly quality of care and support report	Regulation 66
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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