



Inspection Report on

Llysfaen

**Ty Gurnos Newydd
Gurnos Road
Merthyr Tydfil
CF47 9PT**

Date Inspection Completed

14/03/2024

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About Llysfaen

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Merthyr Tydfil County Borough Council Adults and Children's Services
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	8 September 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 receive a very good standard of care and support at Llysfaen. Person-centred care is provided, and people are supported to be as healthy as they can by getting the right care at the right time. Systems are in place to help protect from abuse and harm. Care staff have up-to-date knowledge of people's needs via detailed care documentation. Effective infection control measures are in place. Systems are in place to promote the safe management and storage of medication. People's wellbeing is enhanced by living in an environment that is spacious, clean, and safe. The service is well-run, with good governance, auditing, and quality assurance arrangements. Staff training and recruitment is safe and effective. Care staff feel well-supported, enjoy working at the service, and understand their roles. The service provides good information to the public.

Well-being

People receive person-centred care and support at Llysfaen. People appear comfortable and at ease in their environment. Personal plans consider people's needs, preferences, and how best they like to be supported to have positive experiences. Risk assessments are in place to promote people's safety. A well-established care staff team know the people they support very well and can identify changes in need. People are supported with regular opportunities to take part in activities and to access the community. Care staff use various skills and methods to support people's communication, which promotes inclusion and aids their well-being. Where a person needs help to make their voice heard, people's families and representatives are supported to do this, being involved in reviews of personal plans. The service has very good relationships and lines of communication with relatives, who tell us staff keep them informed and updated.

People are supported to be as healthy as they can by getting the right care at the right time. The service liaises with health professionals to refer any concerns and follows appropriate guidance. Meal options are balanced, and healthy options are promoted. The home has a sufficient supply of personal protective equipment (PPE), with infection control measures in place and in line with its policy. Processes are in place to manage people's medication and ensure they receive all prescribed medication as directed.

People live in an environment which supports their well-being. Llysfaen is a purpose-built home for people who have a learning disability and their associated needs, and also provides respite breaks for people with these needs. Bedrooms are comfortable and personalised, there are sufficient communal areas and bathrooms, and there is access to an outdoor area. The home is spacious, clean, and well-maintained. Suitable mobility aids are in place to help people where needed.

Systems are in place to help protect people from abuse and harm. The home is secure and can only be accessed by authorised persons. Policies and procedures support good practice and can assist staff to report a safeguarding concern. Care staff understand their responsibilities around safeguarding procedures and tell us they feel confident if they raised an issue with the manager, it would be responded to. Pre-recruitment checks for care staff are robust and regular supervision supports continued development. Ongoing training ensures care staff are sufficiently skilled. Incidents and accidents are logged, and appropriate actions taken by the service. The service is proactive in identifying potential risks to people or staff and how to manage these.

Care and Support

People receive a very good standard of care and support at Llysfaen. Care staff are relaxed and attentive in their interactions with people. People's families told us "*they're so amazing with them*" and "*it's marvellous here*". Professionals who work regularly with the service told us "*they're always really helpful*", "*it's a lovely place*", and "*they're so settled and relaxed*". The service considers compatibility when planning who stays as far as possible, so everyone can enjoy their stay and be safe with minimal disruption for the people living there. Care staff know the people they support very well and told us detailed information about their needs, which corresponded with information in people's care files.

Care staff have detailed up-to-date knowledge of people's needs. The service works closely with people's families and other professionals to ensure they have the correct information to support people. Personal plans are person-centred. Risk assessments are in place covering areas specific to the person's needs. Daily recordings and supplementary monitoring charts give important information about people's progress and identify changes in care needs. Reviews take place regularly for people living at the service, and before every stay for those visiting for respite. Reviews take place with people's representatives where the person is not able to take part. This is an improvement acted upon since the last inspection. Care files contain assessments and guidance from other professionals, such as learning disability nurses and speech and language therapists. Deprivation of Liberty Safeguard (DoLS) referrals are made where people lack mental capacity to make decisions about their care and accommodation.

Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE. There is an infection control policy in place which staff are aware of and understand their responsibilities. Domestic staff complete daily cleaning schedules. Laundry routines help reduce the risk of infection. The home appears very clean and well kempt.

Systems are in place to promote the safe management and storage of medication. Medication is stored securely and can only be accessed by authorised care staff. Trained care staff accurately administer medication in line with the prescriber's directions. The service has an up-to-date medication policy. Medication is audited regularly.

Environment

People's wellbeing is enhanced by living in an environment that is spacious, clean, and safe. Llysfaen is a purpose-built home that adjoins a larger service, located in the Gurnos area of Merthyr Tydfil. The home is secure from unauthorised people, with visitors required to sign before entry and upon leaving. The home is clean, tidy, and free from malodours. Bedrooms are large, comfortable, and personalised to people's tastes to help promote a sense of belonging. The service has a large lounge area, where people can choose to spend their time. An adjoining dining area is available where people can undertake activities and have meals. Communal areas are homely, well-decorated, and tidy. A garden area is available which people can make use of. The manager told us of plans to redecorate and refurbish the service, which would further enhance the environment. The kitchen facilities are modern and enable people to take part in preparing food if they wish. They achieved a Food Hygiene Rating of 2, which means 'improvement necessary'. The manager explained the actions that have been taken to address the issues highlighted by the Food Standards Agency. The service makes good use of the kitchen facilities more generally to help support people with dietary and allergy requirements.

The home environment is safe. Substances hazardous to health are stored in cupboards in line with Control of Substances Hazardous to Health (COSHH) regulations. Fire exits are clear of clutter and obstructions. There are no obvious trip hazards. Daily cleaning duties are being maintained. There are fitted window restrictors in all bedrooms and bathrooms viewed. Arrangements are in place to maintain the building. Maintenance records confirm the routine completion of utilities testing. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal evacuation plans are in place and are accessible in the event of an emergency.

Leadership and Management

Staff training and recruitment is safe and effective. Care staff files hold the correct recruitment information and evidence of legally required documentation, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. Care staff are registered with the workforce regulator, Social Care Wales, with new care staff completing the All Wales Induction Framework. Training records show care staff have up to date training in core areas of care. Additional training for specialist areas relevant to people who live and stay at the service is also in place, such as epilepsy management and Positive Behaviour Support. Staff told us they feel well trained and can perform their duties safely and effectively.

Care staff feel well-supported in their role and enjoy working at the service. They told us it is *“lovely”*, *“great”*, *“I love working with the people”*, and the management team are *“approachable”* and *“supportive”*. The staff team have been in place for some time and are well-established, which helps facilitate continuity of care and consistent support. Care staff have regular supervision to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on the level of need of people. and are adjusted as needed. The rota showed target staffing levels were reflective of staffing on the day. Care staff tell us they feel there are enough staff working at the service.

The service is well-run, with good governance, auditing, and quality assurance arrangements in place. These help the management team self-evaluate and identify where improvements are needed. The Responsible Individual (RI) undertakes the legally required three-monthly service visits, and six-monthly quality of care reviews. Policies and procedures, such as for complaints, whistleblowing, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they needed to raise a concern via the whistleblowing procedures. The service gathers the views of people and their representatives, and also from care staff. Procedures are in place to deal with complaints. The service is open and transparent, generally making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and support provided. An easy-read version of the written guide contains detailed practical information about the home and the care provided, in a format more accessible to people using the service.

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

N/A	No non-compliance of this type was identified at this inspection	N/A
16	Reviews of personal plans do not include a review of the extent to which the individual has been able to achieve their personal outcomes.	Achieved
16	There is not any evidence of the service provider involving the individual or representatives in reviews of personal plans.	Achieved
21	Processes to protect and promote the well-being of people are not always followed.	Achieved
80	The quality of care and support review reports do not provide an assessment of the current standard of care and support, nor recommendations for the improvement of the service.	Achieved

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