



# Inspection Report on

**Llanyravon Court Care Home**

**Llanfrechfa Way  
Llanyravon  
Cwmbran  
NP44 8HT**

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## Description of the service

Llanyravon Court Care Home is located in Llanyravon, Cwmbran and is registered to provide accommodation for up to 53 people aged 50 and over in need of nursing or personal care. The registered provider is Llanyravon Court Ltd who have nominated a responsible individual to act on its behalf to oversee the management of the home. The registered manager of the home is Helen Merrick.

## Summary of our findings

### 1. Overall assessment

Overall, people living in the care home have opportunities to make choices and have their daily routines respected. They spoke highly of the staff who support them and we saw people being treated with dignity and respect by staff who showed a genuine affection for the people they support.

### 2. Improvements

All areas previously identified as not meeting compliance have been addressed and the service is now compliant.

The following were recommended areas of improvement identified at the previous inspection:

- Care plans to consider peoples end of life wishes. **This has been addressed.**
- The manager to further consider the Welsh 'Active Offer'. **This is ongoing.**
- Evidence to be shown of service user/advocate involvement on care planning and reviews. **This has been addressed.**
- Care plans to include information to make them person centred. **Improvements have been made and are ongoing.**
- Staff training matrix to be kept under review. **This has been addressed.**
- A review of how activities are logged. **This has been addressed**
- All staff files must contain a photograph. **This has been addressed**
- Daily written logs to be more informative and include emotional wellbeing. **This is ongoing.**

### 3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service

# 1. Well-being

## Summary

We found that people have a sense of belonging in the home. We observed people to be content and comfortable in their surroundings and saw positive relationships between staff and people living in the home. We noted that improvements had been made to care records which now contained more person centred information.

## Our findings

People experience warmth and respect. We saw that staff treated each person as an individual. They were very attentive and responded to people's different needs with appropriate prompting and support. We spoke with people living in the home, who told us they liked living there. People told us "*It's brilliant here*", "*can't fault it*" and "*the staff are very good*". When we observed staff it was clear that they knew the people living in the home and we saw them actively engaging in conversations. People looked relaxed and comfortable in the presence of staff. Staff conversed in a friendly, caring and respectful way and people responded positively. A relative told us "*X is well cared for*" and "*staff are excellent, very attentive*". People have positive relationships and feel like they belong.

People receive proactive, preventative care and support. We saw that staff knew people's individual needs, but there is a need to further improve the access to care records for all staff. We discussed this with the manager who acknowledged this and agreed that a personal profile would be added to the documentation available to all care staff. We looked at the care records for five people living in the home. We saw that monthly reviews had been completed. Improvements had been made to care plans; in the plans we looked at, personal histories and end of life wishes had been considered. We also noted that risk assessments had been reviewed regularly. People living in the home told us "*I am happy here, they look after us well*", "*I like it here*" and "*if they can help you they will*". We spoke with a relative who told us that communication was very good and that they were kept informed. We found that generally people receive the right care at the right time and in a way that they want it.

People are supported by a staff team that is led and monitored by nurses. This was confirmed by the staffing rota we examined. Nurses are responsible for leading shifts each day, together with all medication management in the home. This included ordering, administering and disposal where necessary. We saw a medication policy was in place and staff were suitably trained. A daily temperature record of the medication room had been completed; this was also the case for medication that needed to be stored in the fridge. We looked at the medication administration sheets and found that they had been completed correctly, with no gaps. We also saw that monthly medication audits were undertaken. People are supported by nurses who have developed robust procedures to manage medication in the home.

People can feel safe and protected from harm and neglect. We were asked to sign a visitor book on entry to the home, which promoted the safety of the people living there. We found the entry to be safe and secure, a door bell needed to be used to gain entry. The relatives

we spoke with all stated that the home was secure and that they had no concerns. We saw that confidential information, medication and valuables were kept securely. We found that individual Personal Emergency Evacuation Plans (PEEPs) were in place and had reviewed. Staff spoken with, were clear about their responsibilities around protecting the people they looked after. They were clear about the action they would take if they had any concerns about a person's well-being. Policies relating to keeping people safe, including the safeguarding policy, were available. Discussions with the manager confirmed their understanding of the safeguarding process. Also, what to follow when it was felt a person lacked the capacity to manage their own safety in line with Deprivation of Liberty Safeguarding (DoLS) legislation. We saw that call bells were within people's reach. We observed that call bells were responded to in a timely manner during our visit. People told us they felt safe in the home. This shows that people are generally safe and as far as possible protected from harm.

People living at Llanyravon are involved, participate and feel valued. We saw that there were regular residents' meetings for people living at the home. These meetings discussed improvements, changes or any other business, all of which involved better outcomes for the people at the home. We spoke to staff who told us that although people had routines for going to bed at night or getting up in the morning, these were their choices and if people did not want to get up in the mornings then they did not have to. This was confirmed by the people we spoke with. People told us they had a choice of what food and drinks they wanted. They were able to freely use the communal spaces and sat where they chose to. This demonstrates that people can do things that matter to them and their choices are respected.

## 2. Leadership and Management

### Summary

People live in a well run home that delivers on its aim of providing a service that upholds people's rights. Leaders and managers are approachable and staff are valued and supported in their roles. The staff team work effectively together to provide a good quality service that is evolving and improving.

### Our findings

People can be assured that the management is working towards ensuring staff are up to date with mandatory training to enable them to practice safely and to the best of their ability. We saw that a new e-learning programme had been introduced. We were informed that 76% of staff have completed the required modules. The manager had access to the system which could run a progress report that enabled her to monitor staff progress. We recognised that management have taken action to improve the training available for staff at Llanyravon. People's care will be enhanced by the support given by suitably trained and skilled staff.

The service has some quality assurance systems in place in order to develop and improve. We were shown a number of new audits implemented to assess the quality of support people received. These included monthly audits of care plans, daily audits of fluid charts and daily care charts. The clinical lead told us that medication audits were ongoing and included a review of the processes for receiving, administering, recording and disposing of medicines in the care home. We saw evidence that the responsible individual had undertaken quality monitoring visits. The manager informed us that a report from an annual quality of care review had not yet been produced, but work was underway to gather feedback from all relevant stakeholders. The manager stated that staff questionnaires had been sent out. This will be followed up at the next inspection. Overall, people receive good quality care from a service that has improved its quality assurance and sets high standards for itself.

People now receive care and support from staff that receive regular supervision. The staff that we spoke with stated that they felt fully supported by the management but historically staff supervisions and appraisals had not taken place regularly. A non compliance notice had been issued at the previous inspection. We were shown the new supervision programme and noted that appraisals had been completed and supervisions were within required timescales. Staff told us "*management are supportive*" and "*management are approachable and helpful*". It can be concluded that people benefit from staff who are now fully supported in their role.

People living in Llanyravon are generally cared for in a well maintained environment. However, it was noted that the third floor had an issue with the supply of hot water. One person told us they had not had hot water in their room since moving in and since the previous inspection. The manager showed us evidence that the issue had been reported. We were told that there is hot water but that it can take several minutes to run warm. We discussed this with the manager had completed a risk assessment and placed anti bacterial gel in the two occupied rooms. To address the issue, the provider had authorised for the

extensive works to be undertaken and were in the process of gaining quotes from contractors. We spoke with a resident living on the third floor; she was fully aware of the situation, had been offered another room but declined. The manager confirmed that no further rooms would be used on the third floor until the issues had been resolved. Overall, people are cared for in a safe environment which is designed to ensure that people's individual needs are met. However, management need to address the supply of water as an immediate action.

### 3. Improvements required and recommended following this inspection

#### 3.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none"><li>• <b>18(2) staff are not regularly and effectively supervised. The registered person must ensure that: a) All staff receive one to one formal supervision at least once every two months. b) The home's supervision matrix is updated to accurately reflect the current status of one to one supervision within the home.</b></li></ul>	Compliance has been met
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#### 3.2 Recommendations for improvement

We recommend continued improvements are made in the following areas as identified at the previous inspection:

- Daily written logs to be more informative and include emotional well-being.
- The manager to further consider the Welsh 'Active Offer'.
- Care plans to include information to make them for person centred.

#### **4. How we undertook this inspection**

This was a focused inspection undertaken on 5 September 2018 to test areas of non compliance identified at the previous inspection.

The following methods were used:

- We spoke with seven people living in the home.
- We observed how staff interacted with others during daily activity.
- We spoke with six members of staff, the manager and clinical lead.
- We viewed five people's care documentation, including their daily monitoring charts.
- We viewed the supervision matrix for staff.
- We looked at a range of other relevant documentation. This included staff files, personal emergency evacuation plans and medication audits

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)





## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Older</b>
<b>Registered Person</b>	<b>Llanyrafon Court Ltd</b>
<b>Registered Manager(s)</b>	<b>Helen Merrick</b>
<b>Registered maximum number of places</b>	<b>45</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>16 and 17 April 2018</b>
<b>Dates of this Inspection visit(s)</b>	<b>05/09/2018</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is working towards providing the 'active offer' in relation to the Welsh language.</b>
<b>Additional Information:</b>  This is a service is working towards providing an 'Active Offer' of the Welsh language. It does not fully anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care'.	