



Inspection Report on

Cambian Pengwern College - Bryn Dedwydd

**Chester Street
St Asaph
LL17 0RE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

24/09/2019

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Description of the service

Cambian Whinfell School Ltd is registered to provide a care home service at Cambian Pengwern College - Bryn Dedwydd for a maximum of five individuals with a learning disability. The home is located in St Asaph in the county of Denbighshire. The responsible individual is Christopher Strong and the manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living in the home are supported and encouraged to be independent. They have access to education, a variety of health and social care services and can choose to participate in activities of their preference. Improvements have been made to peoples' personal plans and risk assessments. Pre-admission information needs to be shared with staff in a timelier manner. The environment is generally well maintained and peoples' rooms are personalised with their belongings. Health and safety checks are being completed and future improvements are planned to further enhance the home. Improvements have been made in relation to the services' management structure and the situation is being monitored by the service provider. Staff feel supported and receive regular training opportunities. Immediate improvements are required to ensure staff receive formal supervision and an annual appraisal on a consistent basis.

2. Improvements

This is the first inspection following re-registration with Care Inspectorate Wales (CIW) under the Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

Section five of this report highlights our requirements and recommendations to improve the service.

The following are areas where improvements are required to fully meet the legal requirements in relation to the Regulation and Inspection of Social Care (Wales) Act 2016:

- Staff supervision and appraisal.

The following recommendations have been made to further improve the service:

- Pre-admission information.

- Medicines management.
- Welsh language provision.
- Environmental factors.
- Personal emergency evacuation plans (PEEP).
- Food hygiene practices.
- Effective managerial processes.

1. Well-being

Our findings

People living in the home can access information about the service and are supported to have control over their day to day life choices. The services' statement of purpose and service users' guide contained information about the type of support people could receive. Contact information regarding who people could speak with to express their concerns was available in written and pictorial formats and were easily accessible. Two people living in the home stated they were "*happy*" living in the home and one person described it as "*nice*". One person stated they spoke with staff "*if I'm unhappy*" and told us "*they do listen*". We saw staff were in the process of recording peoples' views and satisfaction levels relating to their care and support within their personal plans and respected their choices regarding participation. Whenever possible, people can contribute to the decisions that affect their life, are listened to, and their individual circumstances are considered.

People living in the home have access to various health and social care services, both within the service and the community. Care file records showed people could access various services whenever their physical, mental health and emotional well-being needs changed. Commissioning services' assessment recommendations and guidance were available for staff and were incorporated within peoples' personal plans and risk assessments. An improvement is required to ensure pre-admission information is shared with staff. People were encouraged to be healthy as meals were prepared with fresh ingredients, they had access to an on-site gymnasium and participated in leisure activities within the local community. People living in the home are encouraged to be healthy and receive the right care and support which promotes their well-being, physical and mental health needs.

The service has relevant policies and procedures in place to ensure people living in the home are safeguarded from harm. Safeguarding, whistleblowing and complaints policies were accessible to staff at all times and provided them with clear guidance and procedures in ensuring people living in the home were protected from harm. Staff training records also showed safeguarding and whistleblowing training were being completed and staff stated they were aware how to report issues of concern. People living in the home had access to an independent advocacy service that also completed quality assurance visits. People requiring additional communication assistance had access to the services' speech and language therapy department and could use additional communication aids if required. People are informed about how to make a complaint, raise concerns and are protected from abuse and neglect.

People living in the home have access to educational provision and community based activities. Information contained within peoples' care files showed they had access to the services' College provision to meet their educational needs. They also participated in daily

living activities within the home which encouraged their independence and life skills. People also accessed leisure activities within the local community and their participation depended upon their motivation and preferences at the time which was respected by staff. People living in the home have opportunities to learn and develop their potential and are encouraged to participate in activities that matter to them.

People live in suitable accommodation that is safe and supports their independence. Overall, the home was well maintained and peoples' rooms contained items of personal value to them. The service provider supports planned maintenance work within the home and provides financial investment when required. On-site facilities such as the gymnasium area, kitchen and the outdoor area encourages peoples' participation, develops their personal skills and increases their independence. Relevant environmental health and safety checks are completed within their timescales, and further improvements have been identified in relation to health and safety aspects and food hygiene practices. People live in a home that best supports them to achieve their well-being.

2. Care and Support

Our findings

The service has a pre-admission process which identifies if they can suitably meet peoples' care and support needs. We viewed the services' pre-admission process and looked at the way in which it obtained information about peoples' care and support needs prior to them moving into the home. We saw an improvement was required in the way in which detailed and up to date information was shared with the staff team. Three staff members told us they had received "*limited*" information about a person prior to them moving into the home and one staff member stated the staff team had not been adequately "*prepared*". We did not witness that the lack of pre-admission information had negatively affected peoples' well-being or the care they received. We discussed this with the management team who acknowledged they had already identified this as an issue for future improvement and were looking at how to improve its effectiveness. The service provider considers, and has access to a wide range of information about people living in the home to confirm the service can meet their needs but the information needs to be shared with staff in a timely manner.

Overall, people's personal preferences are obtained, understood and considered in relation to their care and support needs and personal plans contain up to date information. We viewed three peoples' care files and journals of their daily events and activities. Documents within the care files included peoples' personal plans and risk assessment information. Discussions with staff highlighted they understood peoples' needs, preferences and how to deliver care and support. We also observed staff treating people with respect, kindness and patience. Despite this, we saw immediate improvements were required in the recording of information within the personal plans and risk assessments as they contained limited information regarding how peoples' care and support should be delivered. We saw an example whereby staff not receiving pre-admission information in a timely manner had limited their ability to complete a section of a persons' personal plan in detail. At the time, we did not witness that the lack of available information had negatively affected the persons' well-being or the care they received. We informed the management team that immediate changes were required. We saw significant improvements had been made prior to our second visit. Peoples' personal plans and risk assessments had been updated and contained detailed information regarding their personal care needs, daily life skills, likes and dislikes, leisure interests and how their independence was encouraged. The risk assessments also provided staff with specific preventative actions, strategies and guidance to assist them in dealing with peoples' behaviour. We also saw staff were in the process of obtaining peoples' views in relation to their happiness and satisfaction regarding the support being provided, and daily journals contained detailed information regarding their' daily life events, their level of participation and engagement. The service provider has accurate information available that informs peoples' personal plans and enables staff to provide people with the correct care and support.

People have access to professional services for advice and the information is available to staff. Information contained within peoples' care files showed they were registered with local health services. They also had access to various 'in house' services such as speech and language and occupational therapists, community health and commissioning social care services and an independent advocacy service. Written records showed staff contacted health and social care professionals whenever peoples' needs changed and this had been undertaken in a timely manner. Staff also told us they discussed any changes to peoples' care and support needs within daily handovers and staff meetings and stated "*we are thorough*" and "*work well as a team*". People living in the home are supported to access healthcare and other services to maintain their ongoing health, development and well-being.

The service has relevant safeguarding procedures in place. We viewed the services' safeguarding policy and procedures and saw they had recently been reviewed and updated. No safeguarding referrals had been submitted to relevant local authorities since the re-registration of the service. Staff we spoke with told us they had received relevant safeguarding training and understood the process of reporting safeguarding issues to senior management. They also told us they were confident matters would be addressed and that senior management would make relevant referrals. We also saw additional refresher safeguarding training sessions had been arranged for staff to ensure their training needs were up to date. The service provider has mechanisms in place to safeguard vulnerable individuals to whom they provide care and support.

Further vigilance is required in relation to Medication Administration Record (MAR) charts. We viewed the services management of medication and overall, saw safe practices were being adhered to in relation to the storage and recording of medicine administration. We viewed each MAR chart and saw a recent discrepancy had been reported to senior management who promptly addressed the issue in line with the services' medication policy. We saw the correct recording of medicine administration as an area for improvement along with documenting any known allergies and ensuring staff countersignatures were consistently recorded on MAR charts when prescriptions were hand written. Overall, safe practices are adhered to in relation to the management and administration of medication.

People's individual identities and cultures are respected. At the time of inspection, none of the people living in the home spoke Welsh as their first language. Staff we spoke with told us two staff members spoke Welsh and the management team acknowledged the service was currently unable to consistently provide a Welsh speaking service if this was requested. They recognised this as an area for future improvement and stated the service would do their utmost to provide a Welsh speaking member of staff whenever possible. The management team also told us documents such as people's personal plans and risk assessments, the young persons' service user guide and statement of purpose could be translated and made available in Welsh if required. People have opportunities to express themselves in the language of their choice and the home is working towards providing a Welsh language service.

3. Environment

Our findings

People live in a home which meets their needs, supports them to maximise their independence and achieve a sense of well-being. During our visit we walked around each area of the home and the outdoor area. Overall, the lounges and bedrooms we viewed were clean, well maintained and each persons' room contained personal items and memorabilia. The kitchen area was clean and a member of staff told us the kitchen equipment was in good working order. We saw people had ample space, utensils and a safe working area to assist in the preparation of food as part of increasing their independence if deemed appropriate. The bathroom, toilet and laundry areas were also clean and well maintained. The management team told us there were plans to improve and refurbish the home and the issues had been reported to the services' maintenance team. They also told us the service provider was supportive of changes being made and provided financial assistance when required. A maintenance improvement plan was also in place to record and address the identified issues. We recommended areas relating to radiators being covered with suitable safety guards and fitting additional tamper proof window restrictors within bedrooms be addressed. The extensive outdoor area contained seating areas, a closed off pond, orchard and unused raised planters and greenhouse. The area was generally well maintained and also consisted of a large summer house currently being used as a gymnasium. Staff told us there were plans to turn the building into a sensory area. People living in the home could access local public transport and also had access to a nine-seater service vehicle which they shared with an adjoining service situated next door. Staff also told us they had access to other service vehicles which were based on the services' main College site. Written records and discussions with staff confirmed the vehicles were used on a regular basis to transport people to College, attend appointments, go on trips within the local community and to visit places of interest. People's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes.

Health and safety checks are being completed. Upon our arrival we were greeted by a staff member who verified our identification and requested we sign the visitors signing in book. We checked a sample of health and safety records relating to fire safety, the testing of electrical equipment and appliances and food hygiene practices. We saw that fire safety checks and the testing of electrical items had been completed within their designated timescales. We saw improvements were required in relation to ensuring peoples' personal emergency evacuation plans (PEEP) contained more detailed information about their safe evacuation in regard to fire safety procedures. We recommended each persons' PEEP was reviewed and updated. We also looked at a sample of fridge, freezer and food temperature records and saw the information was not being recorded on a consistent basis. We also saw inconsistency in relation to the labelling of food condiments stored in refrigerators containing dates of when they were opened. These were seen as areas for improvement and we did not see that any of these issues had negatively impacted peoples' health or

well-being. The menus we viewed showed a variety of meal choices were available and contained healthy options and choices centred around peoples' preferences. The service provider identifies and mitigates risks to health and safety but improvements are required in relation to updating information within PEEPs' and adhering to food hygiene practices.

4. Leadership and Management

Our findings

The services' statement of purpose has recently been updated and quality assurance monitoring visits are being undertaken. The services' statement of purpose provided an accurate reflection of its' aims and had recently been updated following recommendations made during the Regulation and Inspection of Social Care (Wales) Act 2016 re-registration process. Three staff told us the services' responsible individual had recently visited the service and we were provided with a copy of the responsible individuals' report. The report showed they had considered peoples' well-being, the care and support being provided, the homes' environment and issues pertaining to leadership and management. We also saw quality assurance monitoring visits were being completed by an independent advocacy service on a quarterly basis. The service is provided in accordance with the statement of purpose and quality assurance arrangements are in place to ensure an effective oversight of the service.

Positive changes are being made to the services' management structure but improvements are required in relation to completing and documenting staff supervision and annual appraisals. The service had recently experienced changes to its management structure and had employed a new services' manager (referred to by the service as the 'head of care') who was registered with Social Care Wales and based off site at the services' main College campus. A deputy manager was based within the home and they reported to the head of care. They deputy manager confirmed they could contact the head of care when required. We did not see recorded evidence the head of care based themselves or visited the home on a regular basis. This made it difficult to confirm how this enabled them to complete a comprehensive management overview of the service. We saw an example of this in relation to staff supervision and annual appraisal records. The records showed inconsistencies regarding their frequency and recording of information. We informed the management team that compliance in relation to regulations was not being fully met, however a non-compliance notice was not issued as we did not see evidence it had negatively affected the care people received. Staff told us changes had been made to the staff teams' structure and told us they were supported by their line manager in a formal and informal manner. They described their line manager as "*supportive*", "*laid back*", "*approachable*" and "*very nice*". Ensuring staff received a consistent level of formal supervision and an annual appraisal that was documented and overseen by management was seen as an area for immediate improvement. The service provider was implementing changes to the way in which the service was structured and run and had arranged focus group meetings to look at ways in which the service could be improved. People living in the home also benefitted from the service providers' wider support services relating to education via attendance at its' College provision and independent advocacy services, and staff had access to the services' internal employment service provisions. Positive changes are being made to the services' management structure and governance arrangements, but immediate improvements are

required in relation to staff supervision and annual appraisals to ensure there is a sound basis for providing high quality care and support for people living in the home.

The service is in the process of recruitment, new staff are securely vetted and have an opportunity to complete a nationally recognised care qualification. We looked at the services' staffing levels, recruitment process and training records. We saw additional staffing cover had been arranged to ensure the service was able to provide care and support in line with commissioning services' arrangements. Each staff member told us they covered shifts additional to their contracted hours to ensure consistency of service and that the service had also used agency staff. We did not see this had negatively affected the care and support being provided and also saw evidence the service provider was actively attempting to recruit new staff. The staff files we viewed showed enhanced levels of secure vetting were completed and Disclosure Barring Service records were up to date. The service provided a formal induction for newly employed staff who were also registered and supported to complete a nationally recognised care qualification. The staff training record showed staff were provided with a range of training opportunities which primarily focused upon peoples' care and support needs and health and safety matters. Each staff praised the frequency of training but stated the quality and variation of the on-line training provision they completed could be improved upon. We discussed their views with the management team who stated they would review the current training provision. The service provides appropriate numbers of staff who are suitably fit, suitably qualified and receive regular training to enable people living in the home to achieve their personal outcomes.

Staff are encouraged and supported to raise concerns about the service through the complaints and whistleblowing procedures. The services' complaints and whistleblowing policies were accessible to staff via the services' intranet. We also saw the service was in the process of further updating its' whistleblowing policy. Each staff member we spoke with told us they had no concerns about how the service was being managed and stated they understood the processes relating to reporting issues of concern to the management team. They also told us they would be happy to raise concerns and were confident matters would be dealt with in a professional manner. We saw no complaints had been raised about the service and also saw staff had access to the service providers' internal services which assisted and supported during formal investigation procedures. The service promotes accessible complaints and whistleblowing policies and follows clear internal procedures when investigating matters of concern.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection following re-registration with CIW under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

We advised the registered person that improvements are needed in relation to the following in order to fully meet the legal requirements:

- Regulation 36 (2) (c) in relation to supporting and developing staff.

A non-compliance notice has not been issued on this occasion, as we did not see the matter had negatively affected peoples' well-being or the care and support they received. We expect the registered person to take action to rectify the matter.

The following are recommended areas of improvement to promote further positive outcomes for people living in the home:

- The registered person needs to consider how pre-admission information regarding peoples' care and support needs are shared with staff in a timely manner.
- Medication Administration Record charts should contain a staff signature whenever medicine has been administered, contain information relating to peoples' allergies and two staff countersignatures when prescriptions are hand written.
- Employing more staff who speak Welsh would further strengthen the services' position regarding providing an 'active offer' of Welsh.
- The registered person should consider documenting their findings and decisions within a risk assessment in relation to fitting or not fitting, radiator safety guards within the home.
- The registered person should refer to Health and Safety Executive guidance in relation to fitting additional tamper proof window restrictors within upper floor bedrooms.
- Peoples' personal emergency evacuation plans (PEEP) need to contain more detailed information about their safe evacuation in regard to fire safety procedures.
- Cooked food temperature records and refrigerator and freezer temperatures need to be recorded on a consistent basis to ensure safe food hygiene practices are adhered to.
- Prepared food items and opened condiments stored in refrigerators should be labelled with a date of when the food was prepared and the condiment opened.
- The registered person needs to continue to closely review the effectiveness of the services' current managerial oversight provision and if required, make any necessary

changes. The registered person should also inform CIW of any future changes made to the management provision within the home.

6. How we undertook this inspection

We, CIW, carried out a total of two visits to the service as part of the post-registration inspection process under the Regulation and Inspection of Social Care (Wales) Act 2016. The first visit unannounced visit took place at the home on 18 September 2019 between the hours of 08:50 am and 18:45 pm. The second, announced visit took place on 24 September 2019 between the hours of 08:50 am and 13:25 pm at the main Cambian Pengwern College Main Campus site to view staff files.

The following regulations were considered as part of this inspection:

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We spoke with three people living in the home, the deputy manager, team leader, two staff members, head of care, College Principal, and a visiting professional.
- We sent out eight questionnaires to people living in the home, staff, family/representatives and visiting professionals. None were returned before the completion of this report.
- We viewed each area of the home and looked at each bedroom, lounges, kitchen, bathrooms and toilet areas. We also viewed the outdoor area.
- We looked at a wide range of records. We focused upon three peoples' care and medication records, three staff files, the statement of purpose, quality assurance documents, the staff training, supervision and appraisal records, the complaints, whistleblowing, safeguarding policies and a selection of health and safety records regarding fire safety and electrical items.
- The recommendations were discussed with the deputy manager, team leader and head of care during the inspection.
- The recommendations were also discussed with the responsible individual via a telephone conversation following the completion of the inspection.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

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

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
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Service Provider	Cambian Whinfell School Ltd
Responsible Individual	Christopher Strong
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	This is the first inspection following re-registration with Care Inspectorate Wales (CIW) under the Regulation and Inspection of Social Care (Wales) Act 2016
Dates of this Inspection visits	18 September 2019 and 24 September 2019
Operating Language of the service	English and Welsh
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and demonstrates an effort to promoting the use of the Welsh language and culture
Additional Information:	

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