



Inspection Report on

Elidyr Communities Trust

**Coleg Elidyr Camphill Communities
Rhandirmwyn
Llandovery
SA20 0NL**

Date Inspection Completed

04/09/2024

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About Elidyr Communities Trust

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Elidyr Communities Trust
Registered places	60
Language of the service	English
Previous Care Inspectorate Wales inspection	9th of November 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Elidyr Communities Trust (ECT) provides care and support for people with complex learning, emotional and behavioural difficulties. Assessments are carried out to ensure people's care and support needs can be met prior to offering a placement. Most people attend the on-site college and engage in a curriculum which supports their learning, development and independent living skills. Facilities such as a gym, small shop and a community hall provided by the service enable people to engage in meaningful activities.

People receive support and guidance reflective of their personal plans and preferred communication methods used to meet their individual needs. They are supported to access local health services and internal therapeutic teams.

Care staff are kind, respectful and attuned to the people they are supporting. They receive training relevant to their roles which enables them to deliver a good standard of care.

Areas for improvement identified at the last inspection have been actioned and the Responsible Individual (RI) has addressed outstanding shortfalls to drive improvement within the service.

All houses on site are suitable to meet people's needs and homes are mostly in a good state of repair.

Well-being

People are supported with their communication needs which enables them to make choices in all aspects of their day to day lives. A 'Total Communication' approach is used and in a variety of different methods which support people to express their views and wishes. Care staff receive training in these approaches and have good knowledge of the people they are supporting.

Weekly house meetings provide a platform for people to communicate their wishes and make decisions on the running of the home. Minutes are provided in an 'easy read' format which is suited to people's needs and understanding. They are supported to develop weekly planners and are given choice to engage in activities which promote their emotional, physical and mental well-being. People are encouraged to contribute to their community and attend work experience, social clubs and student forums. One person told us; *"I am a valued member of Student Forum and enjoy discussions with my friends in the group"*.

People are enabled to maintain positive relationships. They spend time with people most important to them and have opportunities to spend time with friends and visit family members.

Weekly menus provide a range of balanced meals and consider people's likes and dislikes. Healthy options are available, and people are encouraged to lead a healthy lifestyle. They are supported by care staff to attend health appointments, including specialist services such as Speech and Language Therapy (SALT), Occupational Therapy (OT) and Epilepsy.

People are supported to learn and develop to their full potential. An on-site college offers different learning opportunities and focus on developing independent living such as cooking, literacy tasks and weaving. People have opportunities for work experience in the providers shop set in the grounds of the home and is used to support people to understand financial responsibilities.

Medication processes have been developed from the previous inspection and provide a consistent approach when recording, monitoring and administering. Suitable storage arrangements are in place and care staff are suitably trained in handling and administering medication. The area for improvement in relation to medication has now been met.

People have access to a complaints and concerns procedure suitable to their needs and understanding. Records reviewed demonstrate appropriate measures are taken when concerns are raised, and any actions required to keep people safe. Care staff are required to undertake Safeguarding training and understand their responsibilities when raising concerns. The area for improvement in relation to Safeguarding has now been met.

Each house provides accommodation suitable to meet people's needs and reflect their individual preferences and requirements.

Care and Support

Comprehensive pre-placement and speech and language assessments are carried out by an internal therapeutic team who determine if people's care and support needs can be met. Risks are considered, and a rationale on how the service can be delivered in a way people are safe and live harmoniously. The provider offers a transition period which enables people to visit the service and spend time with care staff and peers prior to moving in.

People have access to a guide which is suitable for the needs and understanding of each person. Information about the provision of the service is included, local amenities and leisure activities. A complaints procedure outlines how people can raise concerns and contact information is available.

Personal plans are developed alongside people living at the service, families and care staff. They are reviewed regularly and provide clear guidance to care staff on how to deliver care and support in line with people's desired outcomes. One family member told us; "*Our input is sought and included in the plans. Care and support staff are clearly aware of the content of the plans.*" The area for improvement in relation to the review of personal plans has now been met.

Information is readily available to support people with their behavioural needs and provide guidance on how they can maintain a positive sense of well-being. Risk assessments are kept under regular review and encourage people to take positive risks when undertaking activities, mitigating measures are in place to keep them safe. Health profiles are available and contain relevant information to support people with their ongoing health needs.

People's daily records are completed consistently by care staff and are reflective of activities and routines outlined in the weekly planner. Care staff are kind, caring and respectful and attuned to the people they are supporting. One care staff member told us; "*I really enjoy supporting the residents it's such a lovely place to work*".

DoLS referrals and assessments in relation to any restrictions of people's liberty are completed in a timely manner for all people living at the service.

Environment

The service is located in the valley of Rhandirmwyn and is made up of seven houses set in large rural grounds. The occupancy of each home varies with the most accommodating up to ten people. Each home is suitable to meet people's needs and provides facilities which promote independent living skills.

Living areas are well-presented throughout the homes and provide people with an inviting space to spend time with peers and care staff. Bedrooms are well furnished, provide suitable storage and personalised to each individual.

Kitchen areas provide suitable equipment for people to make meals and temperatures are recorded daily, cupboards are well stocked, and foods labelled once opened. Care staff are responsible for cooking meals and provide people with choices of what they would like to eat. Bathrooms are clean and equipment is available to promote independence during personal care routines.

Houses are mostly well-maintained. Care staff are responsible for raising health and safety requirements however, it was unclear how tasks are monitored and recorded ensuring the premises is in a good state of repair. Overall, the environment is suitable and the area for improvement in relation to environment has now been met.

The surrounding land offers a pleasant and stimulating area where people can engage in outdoor activities on nicer days and spend time with friends from other homes. People have access to facilities such as a gym, local shop and an arts and crafts workshop. A community hall provides a suitable space to hold events, shows and meetings.

Fire safety measures are in place and risk assessments are kept up to date. Personal Emergency Evacuation Plan (PEEP) provide care staff with basic guidance on how to support people during an emergency.

Each home has a visitor's book, and our identity was verified before we could enter the premises.

Leadership and Management

The statement of purpose (SOP) is reflective of the provision of the service and information relating to the organisational structure. A designated manager is allocated to each premises and is responsible for overseeing the day to day running of the home. Bi-monthly Internal audits are undertaken by managers and focus on quality assurance. Records reviewed are detailed and provide agreed actions to improve the delivery of care and support. The area for improvement in relation to the duty to appoint a manager has now been met.

The RI carries out regular visits and provides oversight and governance of the service. Analysis is carried out in relation to staffing, standards of care and support and any concerns raised. Consultation with people, care staff and family members are carried out and any actions considered to support their views.

Quality of care reports are completed and consultation with people living at the service, social workers and family members are evidenced. Details of surveys are thoroughly reviewed, and analysis provided to improve the delivery of service. Further work is required in analysing data from internal quality assurance systems and lessons learnt to drive improvement. The area for improvement in relation to quality-of-care reviews has now been met.

Care staff are divided into full time care staff, bank staff, agency and volunteers. From records reviewed care staff are required to engage in a robust induction process and undertake mandatory training which provide the necessary skills to carry out their roles effectively. Care staff are suitably qualified or are working towards their health and social care qualification and are required to register with Social Care Wales. They receive regular supervisions and told us they feel supported by managers within their roles.

A rota management system is in place for each home and suitable staffing levels are provided for people to achieve their outcomes. Any shortfalls in the rota are covered by care staff, bank staff, agency and managers. The service provider informed us of the difficulties of recruiting due to the locality and ensured they are looking at incentives to attract people to work at the service.

Staff meetings are held weekly and are mostly well attended, minutes of meetings are detailed, and any actions noted.

Suitable recruitment checks are carried out for care staff and demonstrate DBS (Disclosure and Barring Service) checks and references being undertaken and verified. The area of improvement in relation to fitness of staff has now been met.

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	
58	There have been a relatively high number of medication errors. Medication errors are not always identified in a timely manner. Practice in relation to the recording and storage of medication should be consistent across all parts of the service.	Achieved
43	One of the houses where people live was not in a fit state of cleanliness, decoration, maintenance or hygiene.	Achieved
67	The responsible individual has not ensured the management arrangements are such that the person appointed can fulfill all the responsibilities of the role.	Achieved
80	Quality assurance systems are not as robust as they should be because they do not sufficiently consider quality as well as quantity. Actions do not always flow from audits. The manager does not have the capacity to carry out thorough internal audits or to oversee delegated responsibilities and independent scrutiny is not built into systems. The Trust's I.T system has not been capable of providing data which can be aggregated and analysed.	Achieved
26	The system to record, review and monitor significant incidents and events must demonstrate the actions taken to ensure people are protected from harm and improper treatment.	Achieved
35	The service provider has not consistently carried out robust pre-employment checks on care staff	Achieved
16	The service provider has not reviewed people's personal plans as required.	Achieved

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Date Published 14/10/2024