



Inspection Report on

Ffynnon Non

Llanelli

Date Inspection Completed

08/10/2024

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About Ffynnon Non

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Achieve together Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	21 February 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People living at Ffynnon Non receive a good standard of care and support and are treated as individuals. The service supports people to have control over their own lives and make their own choices. Personal plans are detailed and provide care staff with up-to-date information relating to people's individual goals, care needs and preferences. Detailed daily recordings evidence people are being supported in line with their personal plans. Any risks to people's health and safety are assessed and managed. People have good access to health and social care professionals when needed.

There are robust governance and quality assurance arrangements which support service delivery. The Responsible Individual (RI) and area manager visit the home regularly providing support to the manager and staff team. Care staff are recruited safely and receive training relevant to the needs of the people they support. Care staff are supported in their roles and receive regular supervision.

The home is set in a rural location and is clean, warm and welcoming. The service has its own maintenance team which oversees any works or repairs needed. Routine checks are completed by staff to ensure the home is safe.

Well-being

People are offered choices and are supported to do the things they enjoy. Approaches to support people to make decisions and choices are detailed in people's personal plans. We saw people have activity plans detailing activities they enjoy, with participation in activities being documented in daily recordings. Deprivation of Liberty Safeguard (DoLS) authorisations are in place where people lack the capacity to make decisions about their care and accommodation. This ensures people's rights are upheld.

There are appropriate safeguarding measures helping to protect people from harm and abuse. Care staff receive safeguarding training and know the process for raising concerns. Policies and procedures underpinning safe practice are in place and accessible to care staff. Risks to people's health and safety are considered with documented strategies in place detailing the best ways of supporting people to stay safe.

People are treated with dignity and respect. Some care staff have worked at the service for a number of years and have developed positive relationships with people. We witnessed positive interactions between people and care staff during our inspection. Personal plans are tailored to people's needs and promote person centred care and support. We received positive feedback from people's representatives, one said, *"I'm happy with the staff who support my sister, they are lovely. I think they do a really good job"*.

People live in an environment which supports their well-being. The home is clean and comfortable throughout with appropriate décor and furnishings. People have access to communal areas as well as the privacy of their own rooms. There is an ongoing programme of maintenance and repair, and routine health and safety audits help identify any potential hazards to ensure the environment is safe.

Care and Support

Ffynnon Non provides a good level of person-centred care and support. This means the service people receive is specific to their individual needs. We were unable to obtain verbal feedback from people living at the home due to their communication difficulties. However, we saw care staff interacting well with people, responding to people's needs by providing appropriate levels of care and support. We did receive positive feedback from relatives of people, who told us they are happy with the service provided and said they would recommend the service to others.

All people living at the service have a detailed personal plan. This document sets out people's care and support needs, how best to support them and other important information such as their personal histories, strengths and goals. Information recorded is detailed, clearly highlighting support needed from care staff to help people achieve their personal outcomes. Risk assessments are in place covering areas specific to the person's needs. Risk assessments are clear and concise detailing actions to reduce risks as far as possible. Specialist plans such as positive behaviour support plans are in place for people whose behaviour has been assessed as challenging. These plans direct care staff on how to manage behaviours which may challenge in a safe proactive way. We saw personal plans are reviewed regularly to ensure they remain current. However, we did not see evidence people's representatives are involved in the review process. We discussed this with the management team who assured us they would address the matter.

People have access to the necessary health and social care services when needed to support their health and well-being. Each person has a dedicated health file. Information recorded in this file includes details about people's specific health requirements, a health action plan, details of appointments and any health correspondence. People also have a healthcare passport. This document provides a comprehensive summary of people's medical history and support needs. It is used to inform healthcare professionals should people require emergency hospitalisation.

There are systems in place for the safe storage and administration of medication. Details of people's medication regimes are documented in their health files. Care staff receive medication training and there is a policy aligned with best practice guidance. All medication is securely stored, and regular medication audits are completed to help identify and action any issues.

Environment

People live in a clean, comfortable environment. We saw there are systems in place to ensure good standards of cleanliness and hygiene are maintained. We conducted a visual inspection of the service and found it is clean and tidy throughout. The kitchen has been awarded a level five rating by the Food Standards Agency which is the highest score possible. People's bedrooms are very spacious and are equipped with ensuite bathing facilities. We saw people's rooms are personalised to their preference, are nicely decorated and have suitable furnishings. There are a number of communal areas including a kitchen / diner, lounge and sensory room, people can access when they choose to do so. There is a large garden to the rear of the building. The manager told us there are plans to develop the garden area to make it more accessible to people living at the service.

The service is safe and well-maintained. There is a maintenance team who manage the upkeep of the home and address environmental issues as they arise. We saw safety certification in place for utilities and fire safety features. Routine checks are completed to ensure equipment and facilities are in good working order. Substances hazardous to health are securely stored and people have personal emergency evacuation plans detailing the support they require in the event of an emergency. The manager completes regular health and safety audits to help identify areas of concern. We did not identify any environmental hazards during our inspection.

Leadership and Management

The service has good governance and quality assurance systems helping it to operate smoothly. The RI visits the home regularly to monitor its performance and meet with people and staff. In addition to this, the area manager conducts routine audits to ensure the service operates in line with regulations. The manager also conducts audits in relation to the day to day running of the home so that any issues are quickly identified and actioned. Quality of care reviews are completed every six months, and a report is published. We looked at the latest quality of care reports and found they are comprehensive, highlighting what the service does well and identifying areas where it can improve. Policies and procedures help to promote safe practice. We examined a cross section of the services policies and procedures including medication, safeguarding and staff development. We found these documents are comprehensive, aligned with statutory and best practice guidance and kept under review. Other written information we looked at included the statement of purpose and service user guide. Both documents are reflective of the service provided, however, the service user guide requires a minor adjustment for it to contain all the regulatory required information. We were assured by the management this would be actioned.

Care staff are safely recruited and trained to meet the needs of the people they support. We saw the service completes all the necessary pre-employment checks before new employees commence employment. All new staff complete a structured induction and shadow experienced members of the team. An on-going programme of training and development is provided to all staff working at the service. This is to ensure they remain sufficiently skilled. We saw the service provides a range of training including core and specialist training. Training records suggest the majority of staff are up to date with their training requirements. To ensure care staff have the required skills and qualifications needed to work in the care sector, the service registers all staff with Social Care Wales, the workforce regulator.

Care staff feel supported by the manager and enjoy working at the service. Care staff we spoke to told us they have regular supervision and have an annual appraisal. This is important as it gives them the opportunity to discuss their work, reflect on their performance and set development goals. Records we viewed show care staff receive the recommended levels of formal support.

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	
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