



Inspection Report on

Llun y Mynydd

Abergavenny

Date Inspection Completed

15 May 2024

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About Llun y Mynydd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Orbis Education and Care Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

The admission processes for the home need some improvement. People are settled and content in their home; their health and well-being needs are being met and they are supported to do things they enjoy.

They have good relationships with trained care who mostly know them well and treat them with respect and dignity. Almost all people have sufficiently detailed care plans and risk assessments which care staff follow to meet their needs and keep them safe.

There are not always enough care staff to meet people's needs and on some occasions, the arrangements to ensure sufficient numbers is placing care staff and the people they care for at risk.

A priority action notice has been issued in relation to the sufficiency of the care, competence and skill which the service is provided in relation to gaps in personal plans, risk assessments and staffing issues.

There has been a recent change of manager at the service and overall care staff feel supported, despite their concerns about sometimes working long hours without breaks.

People like their modern, spacious, well-equipped homes. The service provider takes regular action to reduce risks to the environments and maintains the homes to a good standard.

There are suitable quality assurance measures in place, however, the oversight of the service requires improvement to ensure the issues identified at inspection, are proactively identified and addressed.

Well-being

People's rights are upheld because they express their views and care staff are responsive to them. People are making daily choices about their clothes, food and activities and they are involved in decorating their rooms and planning their garden spaces. Nearly all care staff know people well and understand the way they communicate, which means they can tailor their care to meet their presenting needs and keep them safe. House meetings use good visual formats where guides to the home are shared with people and people are consulted regularly as part of the service's quality assurance processes.

Positive physical and mental health outcomes are being achieved by people. Care staff are following people's detailed health plans and they sensitively persevere to support people's varying engagement with health professionals. People's health and safety is promoted because the manager follows through on actions from regular multi-disciplinary meetings and care staff encourage healthy eating and regular exercise. Familiar, core staff allay people's anxieties and behaviours of concern are addressed in the least restrictive manner. People are settled and are sleeping well; they are getting out into the community and doing things they enjoy, although staffing issues can sometimes affect the quality of their outings.

Overall, people are safeguarded but gaps in some people's documents around their risks and behaviour means care staff do not have the guidance they need to keep all people and themselves safe. Other files we viewed contained suitable risk assessments and comprehensive positive behaviour support plans. People are assured they are cared for by trained, knowledgeable care staff who have access to suitable policies in terms of safeguarding and whistle blowing. People regularly see their families and they communicated and told us they felt safe in their home.

People like their home which they personalise to meet their individual needs. The décor and furnishings are how people want them and they have access to modern, clean facilities. They move around their home confidently and they are assured regular health and safety and fire safety checks reduce the risks to their environment. They have access to their own garden space which they are developing with care staff's support.

Care and Support

People cannot be confident care staff will always have the information they need to care for them safely. People's care plans contain information about their likes/dislikes, their routines and most contain detailed guidance for care staff to support them during the stages of increasing anxiety. Some do not contain guidance for when people are very unsettled and do not have risk assessments which highlight pertinent risks and the guidance to mitigate them. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People have positive relationships with care staff, most of whom know them well. We observed care staff interacting with people with dignity and respect and the use of appropriate humour. Most care staff are able to describe people's needs, including their communication preferences well, however, some struggle to identify risks; and this tied in with the absence of written risk assessments. Some people benefit from a group of care staff who are able to successfully motivate them to do things they enjoy, such as walking in the nearby countryside. Daily diaries show people are going out into the community for drives, meals, walks and to do shopping and they are developing independence skills by carrying out domestic tasks with care staff's patient encouragement and support.

Overall, the service provider is safeguarding people. People are cared for by trained care staff who know their safeguarding responsibilities. The service has a safeguarding policy which references up to date legislation and provides clear guidance. Safeguarding is a regular topic at team meetings and the service provider has a policy to ensure robust verification of checks for agency care staff. Incident reports are completed on almost all occasions, however, the reports and manager's review of them need to be more detailed and timely.

People are supported to maximise their health outcomes. People are registered with primary health professionals and their health needs are sensitively addressed in order to reduce their anxieties. Care staff are responsive to emerging health needs and there are regular multi-disciplinary meetings to discuss and plan how people's health and well-being needs will be met. Care staff encourage people to take exercise and to eat healthy meals and they patiently persevere in their support of people's engagement with health professionals.

Care staff almost always follow the service provider's medication policy. Records show care staff are signing medication administration sheets, however, on some occasions the code inserted on the chart does not have the required explanation on the back of the sheet.

Environment

People like their individual homes which are meeting their needs. The spacious bungalows have robust, modern facilities and fittings. Some people personalise their living and bedrooms with colourful pictures, artwork and ornaments while a more minimalist environment is preferred by others. Privacy is ensured by curtains and blinds on the windows. Kitchens and bathrooms are clean and they provide suitable facilities for people to develop independence skills. Fridges and cupboards are well stocked and food is labelled on opening. Fobbed doors and for some, locked cupboards, in line with DoLs (Deprivation of liberty) assessments, ensure people's safety and well-being.

Each person has a spacious, enclosed, secure garden attached to their bungalow which has a grassed area and a small, paved section. Extra environmental safeguards in some gardens are considered and implemented via the best interest process to minimise impact and restrictions as far as possible. The responsible individual told us people have been planning with care staff how they want their garden to look and some purchases have been made of equipment for this to start. One garden had some wooden furniture and a raised planter in place. With the recent good weather, we would expect these plans to be carried out as soon as possible so that people can enjoy time outdoors. This will be followed up at the next inspection.

People are assured the service provider mitigates risks to their health and safety as far as possible. Records show health and safety and fire safety checks are carried out within their required timescales. A fire drill had not been carried out since the opening of the service, however, one was successfully conducted the day after the inspection. The deputy manager is in the process of setting up regular maintenance checks for epilepsy alarms and an independent fire risk assessment was carried out in November 2023. Repair logs show they are attended to in a timely manner.

There is currently noisy but essential building work being carried out on the entrance drive to the service which the service provider hopes will be completed soon. The communal garden provides a secure, large, grassed area. People are currently being consulted about this space. The office is within one of the bungalows and its presence and use does not appear to have a negative impact on the person living in it. The staff room is in another bungalow and can be accessed via its own front door, which reduces any unnecessary intrusion into the person's home.

Leadership and Management

People and their representatives have the information they need about the service. The statement of purpose is regularly updated and overall reflects the service seen at inspection. People have suitably formatted guides to the service which are shared with them. They contain information about who people can talk to or communicate with if they are worried or have a concern. The service is managing informal complaints and taking action to address the concerns raised.

The service provider's admission processes require some improvement. Before people come to live in the home pre-admission assessments are carried out but not all impact considerations are taken into account. Some risks are highlighted for attention without explanation and in some, sections are incomplete and the authors and date are not evident. Provider assessments are completed but they are not updated to reflect people's significant changing needs. People's local authority care plans are on file and although transition plans sometimes have to be shortened, people experience well supported moves into their home.

The majority of the time there are enough care staff to meet people's needs, however, this is sometimes achieved by levels of overtime, which pose health and safety risks to both care staff and people living in the home. Rotas show care staff and the deputy manager are working long dayshifts and then completing waking night shifts, sometimes several in a row, to cover gaps due to short term sickness or shortfalls in staffing. Care staff from this home and other Orbis homes are responding to calls to complete extra shifts when needed and the manager is stepping into the numbers on occasions, as was the case on the day of inspection. Returned questionnaires from care staff confirm this is the case and express dissatisfaction at working long hours without any breaks. The responsible individual informed us agency care staff are to be used for several weeks until seven newly recruited care staff, are able to join the team. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Aside from the staffing issues care staff feel supported and they are receiving regular supervision. There has been a recent change of manager and a senior support worker has recently been appointed. Team meeting minutes show in depth discussion with clinical staff regarding people's needs but no discussion re staff issues. Most care staff are trained in the core areas of safeguarding, first aid, behaviour management and fire safety and they are also completing training relevant to their role and people's needs.

Quality assurance measures are meeting regulatory requirements. The responsible individual is making visits to the service, consulting people and carrying out a wide range of checks. There are regular audits of the service which show high rates of compliance and action plans for the manager to address shortfalls. Quality of care reports are structured and identify improvements to develop the service. Despite these measures the service provider had not identified or addressed the serious issues raised at inspection.

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
6	The service provider has not ensured the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	New

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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