

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Caemaen Care Home

Caemaen
Coleshill Terrace
Llanelli
SA15 3BT

Date of publication – 1 August 2009

You may reproduce this Report in its entirety. You may not reproduce it in part or in any abridged form and may only quote from it with the consent in writing of Welsh Ministers

Care and Social Services Inspectorate Wales

South West Region
Government Buildings
Picton Terrace
Carmarthen

SA31 3BT

01267 223402

01267 242924

Home:	Caemaen Care Home
Contact telephone number:	01554 771835
Registered provider:	Carmarthenshire County Council Catherine Poulter
Registered manager:	Phillippa Wheel
Number of places:	37
Category:	Care Home - Older Adults
Dates of this inspection episode from:	28 April 2009 to: 16 July 2009
Dates of other relevant contact since last report:	
Date of previous report publication:	9 July 2008
Inspected by:	Amanda Davies
Lay assessor:	

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Overall view of the care home

Caemaen is registered for up to 37 people over the age of 65 years providing personal care and support. There has however been a reduction in the number of rooms in use to 30; the inspectorate is waiting for written confirmation to update the certificate of registration.

The previous manager of the home had moved to another post in the local authority and the present manager had undergone the fit person process with the inspectorate and had been in post for five months at the time of the inspection.

The self assessment form was very well completed giving a comprehensive assessment of the service and plans for the future. The information supplied allowed the inspector to formulate an inspection plan which was sent to the home.

The following methodology was planned and used:

- One announced visit which took place on 17 June 2009.
- Case tracking of identified service users was used as an assessment tool, this involved looking at how individual assessments were used to compile care plans and how the written care plan informed the actual care being delivered.
- 8 relative questionnaires were sent, six of which were returned within the timescale.
- 10 staff questionnaires were distributed and 5 were returned. Staff were spoken to on the day of the inspection.
- Interaction between staff and service users was observed during the time spent in the home.
- Discussion with service users who were case tracked and other service users most of whom spoke to the inspector in communal areas. No service users requested to speak with the inspectors privately however some were spoken to in the privacy of their own rooms.
- Inspection of the property mostly internal including service user rooms.

Case tracking of identified service users evidenced that all had been assessed prior to admission by the funding authority and the home manager. Assessment and care planning continues to improve.

Staff training and development was given a high priority and over 50% staff had attained N.V.Q level 2 or above. The availability of training through Carmarthenshire county council was discussed with the manager, as only a small number of the staff team were allocated places.

Staff files confirmed that Carmarthenshire County Councils recruitment procedure had been adhered to.

Analysis of questionnaires and observation of supervision files indicated that some of the allocated supervision sessions were observations of tasks rather than a discussion regarding matters of self development training and care issues arising from key working or contact with service users. The manager had attempted to address this in developing the 'fundamentals of care' supervision assessment that staff once per year.

A more detailed report about findings can be found below and will include requirements

and recommendations. It is not practically possible for every aspect of the operation of an establishment to be observed on each visit. The absence of a reference to a particular fault or issues does not mean that it does not exist. It is the responsibility of the registered person to ensure that the home operates in accordance with the relevant laws, regulations and national minimum standards.

Choice of home

Inspector`s findings:

The Statement of purpose had been reviewed to reflect the change of manager and the reduction in the number of service user rooms. The inspector had discussed the reduction in numbers of service users with the manager who was aware that CSSIW needed to be informed in writing to ensure that the conditions of registration were an accurate reflection of activity in the home.

Feedback form service user relatives via questionnaires confirmed that a copy of the homes service user guide had been received and contained useful information for anyone considering a placement in the home.

Case tracking evidenced that a pre admission assessment was carried out by the manager or senior staff of the home for any prospective service user. An assessment and care plan was also available from the funding authority. The available information was collated and a care plan produced.

There was confirmation that a letter had been provided to the service user or representative confirming that the home was able to meet the assessed needs of the individual. A copy of the contract detailing the terms and conditions of residency was available on files examined.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Planning for individual needs and preferences

Inspector`s findings:

Six service users were selected for case tracking. The service users were chosen as a representative sample of residents in the home with a variety of abilities and care needs. The care plans were pre printed forms produced by Carmarthenshire county council that contained a resident profile sheet with contact details of next of kin and health care professionals.

The care plan was in two parts a day care plan and a night care plan, there was also available records of visits to health care professionals bath records weight charts and nutritional screening. There was evidence of regular review by the senior staff and key workers. The amount of information contained within the care plans depended on the person writing them some having very little information regarding the specific needs of the service user, while others gave a good indication of the level of ability of the service user.

It was noted by the inspector that the day and night plans in most cases contained the same Information and one night plan was written from the perspective of the staff member. There continued to be a lack of information regarding leisure activities and social history. These points were discussed with the manager who informed the inspector that she was intending to undertake some care plan training with staff in the near future to ensure that the information contained was consistent.

Records were not kept daily on each service user but significant events were recorded and an entry was made at least every week. The records kept were generally with the information being readable easily understood and in sufficient detail.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The manager should ensure that care plans reflect the difference in individual needs during the day and night.

The manager should continue to develop the information regarding leisure and recreational activities and provide some social history for service users.

Quality of life

Inspector`s findings:

Discussion with service users confirmed that there were a variety of activities available such as quiz afternoons and bingo. Recently the cook had started to have a variety of activities involving food and drink on a Friday afternoon which service users can get involved in. Most recent was cake decorating and making soft drinks. Service users spoken to said that they enjoyed these activities very much. Entertainers were also booked to come into the home around once per month.

Service users were very complementary of staff and their willingness to assist with what ever they wanted to do. One theme that arose was that there was not sufficient time available for staff to escort service users on their chosen activities such as going to the shops or attending social events. It was clear however that the staff and manager try their best to accommodate requests wherever possible. Clergy visited the home from a variety of faiths.

Relatives of service users and a member of the public visiting the home as a potential placement for a relative told the inspector that they found the staff welcoming and that staff were willing to assist with their requests.

A tour of the home gave the inspector the opportunity to see service user rooms, these showed evidence of personalisation with some people choosing to bring in their own furniture and personal items. There was an on going refurbishment programme for service user rooms with 4 being redecorated each year.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Quality of care and treatment

Inspector`s findings:

Case tracking confirmed that service users were registered with a general practitioner of their choice and had access to a full range of health care support services that included community nurses, specialist nurses and psychiatric community nurses. All visits were recorded in the appropriate documentation in the care file. It was clear that the opinions of medical professionals were sought when required and recorded appropriately.

The ordering storage and recording of medication administered was observed for those service users case tracked, and found to be very well maintained. The 'Nomad' system was use in the home which is a cassette with individual sections which contained all tablets due at a particular time.

The inspector again noted that only the cassette was booked into the home rather than the individual medication. It is the inspectors understanding that Carmarthenshire County Councils medication policy requires that the amount type and dose of medication is checked and recorded and only those trays which contain so many tablets that they can not be counted accurately are to be signed in as a 'tray' with a note saying that there were to many tablets to be counted. The requirement from last year remains outstanding and must be addressed by the manager and senior management of the home. If the medication policy has been amended then a copy should be sent to the inspectorate. There had been an air conditioner fitted in the medication room which marinated a temperature below 25c. The manager had requested a medication review for individual service users and changes in medication had been recorded.

A meal was not observed on this occasion however service users confirmed that they were happy with the choice size and variety of meals provided. There was dedicated kitchen staff who also prepared meals for the day centre and meals on wheels. Discussion with the cook confirmed that a choice of meal was offered and that individual likes and dislikes were catered for.

A technical checklist had been completed by the manager of the home and returned with the self-assessment documentation this indicated compliance in all aspects of health and safety regulations as they apply to the setting.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number
The manager must ensure that individual medication is signed into the home and confirm in writing to the	01/08/08	13 (2)

inspectorate when this has been actioned.		
---	--	--

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

[Empty space for good practice recommendations]

Staffing

Inspector`s findings:

A list of staff employed in the home was provided as part of the self-assessment documentation and this indicated that seven staff had left for various reasons. Discussion with service users indicated that they were very happy with the quality of care and support given by staff in the home.

The number of service users had been decreased from 34 to 30, the inspectorate is waiting on formal notification to update the conditions of registration. The number of care hours had also been decreased, the level of dependency however has been increasing. Discussion with the manager indicated that the care hours would be reviewed regularly in line with assessed needs of the service users.

The self assessment form highlighted training needs of staff in First aid Health and Safety, complaints and Deprivation of Liberties and complaints training. There was evidence that the manager had booked staff on this training, however only a small number of staff had been allocated a place on the course run by Carmarthenshire County Council. There were a finite number of places on each course which meant that it took some considerable time for all staff to undertake training. The possibility of buying in training for those courses difficult to gain places on was discussed by the inspector. The manager discussed her plans for in house training for staff as refreshers in protection of vulnerable adults and care practice. Over 50% of staff had attained NVQ level 2 or above.

Personnel information for staff was available in individual files. Carmarthenshire County Council had a comprehensive recruitment policy that included the taking of two references and Criminal Records Bureau (C.R.B.) check prior to commencing employment. A selection of files were examined and found to be in good order. However some files did not contain all of the required information due to the length of service of the individual.

Feedback from staff questionnaires and general discussion highlighted an area for improvement as having a laundry person. The personal laundry was also highlighted in the feedback from service user's relatives as being an area which was in need of improvement.

Supervision of staff continues to be task based rather than one to one dedicated time to develop the individual. Feedback from staff indicated that they believed they had supervision once or twice a year, which would indicate that this form of 'supervision' is not an effective one for staff, if they are unaware that they are being supervision. The manager of the home has endeavoured to broaden the format to develop staff and improve the quality of care being delivered through an on going dialog with individual staff regarding performance. However Carmarthenshire's documentation and view of supervision for care staff remains unchanged. The requirement made last years remains outstanding.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number
The responsible individual must ensure that there is a suitable and consistent method of staff supervision which includes the items detailed in standard 24 of the NMS and inform the inspectorate in writing when this is in place	01/10/08	18 (2)

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The responsible individual should consider the allocation of additional hours to enable the manager to recruit a person responsible for the laundering and ironing of service users clothes.
--

Conduct and management of the home

Inspector`s findings:

The manager of the home was experienced in the care of older people and was appropriately qualified. Self-assessment documentation and discussion confirmed that the manager undertook periodic training to keep her knowledge and skills up to date.

The inspector observed that the atmosphere in the home was welcoming and interaction between staff and service users was good humoured. Service users and staff confirmed that the manager had an open door policy and returned questioners from service users relatives also confirmed that they found the staff and manager approachable and willing to listen.

The past two reports have highlighted the need for the responsible individual to undertake periodic visits to the home and for these visits to be recorded in compliance to regulation 27 of the Care Homes (Wales) Regulations 2002, there was evidence that regular visits had been made and recorded over the past 12 months. However these visits should be a minimum of every 3 months.

The inspector was informed that a quality monitoring report was being prepared by the responsible individual and would be forwarded to the inspectorate. The requirement in last years report to develop a quality monitoring tool remains outstanding as the tool in place to gather the evidence for quality monitoring did not appear to be in use.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number
The responsible individual must ensure that a quality monitoring tool in developed and used to comply with the current regulations and inform the inspectorate in witting when this has been implemented.	01/10/08	25 (1)

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
The responsible individual must provide a copy of the quality monitoring tool to CSSIW.	31/08/09	25 (3) (e)

Good practice recommendations:

--

Concerns, complaints and protection

Inspector`s findings:

A comprehensive complaints procedure was available within the home. Response from relative questionnaires evidenced that although not having cause to use the complaint procedure all were aware that the home had one.

The manager was aware of the procedure for referring to any adult protection issues or concerns and a policy was available which guided the reader through the process. There were no recorded issues regarding the protection of vulnerable adults since the last inspection episode.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

The physical environment

Inspector`s findings:

A purpose built home Caemaen offered an accessible environment for older people with level access and a lift to the first floor. There were handrails throughout and a number of mobility aids for which service users had been assessed.

The inspector found the premises to be clean and generally well maintained. It was observed that service user rooms although generally in good decorative order and showing evidence of personalisation, some were in need of modernisation.

The dining room situated on the ground floor was large with a divider wall that could be opened to accommodate friends and relatives during celebrations. A quiet room was available on the first floor with a small library of books. The manager had plans to change the foyer so visitor did not walk directly into the lounge used by service users.

The home had a cyclical maintenance programme in operation. Most recently stairwells at either end of the building had been redecorated and gave a much more homely feel.

As indicated above the home had reduced the number of rooms in use, these were on the first floor hand had been recently decorated. The manager had some good ideas for these vacant rooms some being for storage while others would be for recreational activities for service users. Should there be any other plans for the use of these rooms including use as bedrooms the inspectorate must be informed.

The kitchen had been recently refurbished and had earned a silver award from environmental health.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--