



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

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Care Standards Act 2000

Inspection Report

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg / This report is also available in
Welsh**

Antur Waunfawr

Caernarfon

**Type of Inspection – Baseline
Date(s) of inspection – 2 October 2017
Date of publication – 9 November 2017**

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Summary

About the service

Antur Waunfawr is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide domiciliary care services for older people aged over 65, younger adults, aged between 18 to 64 with learning disabilities and younger adults aged 18 to 64 with physical disabilities. The agency currently provides domiciliary care for one person with a learning disability.

The provider, Antur Waunfawr is based in Bryn Pistyll, Waunfawr and has a nominated responsible individual. The registered manager for the domiciliary care service is Guto Wyn Hughes.

What type of inspection was carried out?

This was a full unannounced inspection undertaken as part of our inspection programme.

The following methods were used:

- We (CSSIW) visited the service on 2 October, 2017 between the hours of 09:30 am and 14:45 pm.
- We spoke with the person using the service, the registered manager, the responsible individual, the human resources officer and a member of staff.
- We looked at three staff files and the care file of the person using the service.
- We visited the property of the person at which the service is provided.
- We viewed the information contained within a returned staff questionnaire.
- We looked at a sample of records and documents. We focused on staff recruitment, training and supervision, staff rotas, the statement of purpose, the quality assurance report and the complaints procedure.

What does the service do well?

The service continues to provide opportunities for the person using the service to participate in a range of activities and is committed to the active support model of care.

A consistent staff team remains in place which enables a consistent approach and minimal disruption to the care and support provided.

What has improved since the last inspection?

Overall, we found that the agency operates to the same standard as at the last inspection.

What needs to be done to improve the service?

There were no issues of non-compliance to report.

The following areas were brought to the registered person's attention so they can be addressed to improve practice:

- Providing staff members with a consistent and equal level of training provision.
- The service should consider how quality assurance information is evaluated and shared to inform an action plan.

Quality Of Life

In summary, the person receiving the service was happy with the care being provided. We saw that they had signed their care plans which were detailed and written in a person centred manner. The person had an opportunity to engage in various activities within the community and had a healthy and nutritious diet. The staff team understood the person's care and social needs and assisted them in engaging with their active support plan. We also saw that the person received a service in the language of their choice.

People feel their individual needs are recognised and catered for. This is because the person receives the right care, at the right time and in the way they want it. Care plans contained detailed information and we saw the person received timely, person centred care. The care file of the person using the service contained detailed and comprehensive information regarding their health and social care needs. They showed contact had been made with various specialist health and social care professional services such as a dentist, chiropodist, GP, optician and social worker. Information contained within the person's care plans showed their well-being, happiness, preferences and abilities were a priority for the service. The plans also documented professional services' outcomes and recommendations for staff members to follow. Discussions with the management and staff team highlighted they wanted the person using the service to maintain their independence as much as possible. The person was encouraged to do their own washing, drying and some baking. Information regarding their personal preferences and interests were written in a person manner and highlighted how they liked their care delivered. The care plans contained guidelines in relation how personal care should be provided and the information was written in detailed, easy to follow, descriptive steps. This enabled staff to provide care and support which met the person's needs, preferences and wishes. We saw that risk assessments had been completed and contained information consistent with care plan guidance. The care plans had been regularly reviewed and updated whenever a significant change occurred to the person's situation. We also saw that the person using the service had signed their care plans and they told us they were "*hapus*" (happy) with the service being provided.

People are encouraged to keep well and can choose to participate in a range of activities that matter to them. This is because the person using the service has an opportunity to participate in a range of activities. The staff and management team told us that the person using the service's views and opinions were important to them and that the weekly planner incorporated the person's preferences as much as possible. Information contained within the person's care file regarding their interests and preferences showed that this was being adhered to. A weekly active support plan showed that the person using the service participated in a variety of activities such as attending an art group, shopping, fitness session, going for walks and going for a meal with family members. Social inclusion featured strongly within the weekly planner and showed that staff supported the person to health and social appointments. The service had also supported a week long joint venture with Age Cymru within the local community which encouraged community participation in a series of activities. Historic information contained within the care file showed that places of interest such as local art centres, theatres, garden centres, concerts and pubs/restaurants were regularly visited and we also saw photographic evidence of this. People are as healthy and active as they choose to be

and are encouraged and supported to live as much of an active life as their health allows.

People's individual needs and preferences are understood and anticipated by an experienced and committed staff team. This is because the person is treated with respect, is well cared for and benefits from a healthy diet. We observed the staff and management team speaking with the person using the service in a respectful, kind and considerate manner. They were responsive to the person's needs and wishes and we also observed humour being used in a balanced, respectful manner. The staff team also displayed patience when communicating with the person, allowing them ample time to process and respond during conversations. We viewed the person's medication administration records (MAR) and saw that no errors had been made. Their care file also contained information about their medication, its use and any side effects. We also viewed documentation showing their weight had been consistently recorded. Discussions with and information obtained from the staff team highlighted that they were aware of the person's dietary preferences. They were also aware of the importance of the person receiving a healthy, nutritious and balanced diet to assist their health needs.

People receive care in their language of need and their cultural identities are recognised and valued. This is because the person is able to receive a service and express themselves in the language of their choice. The service offered a bilingual service; however all care and support was delivered in Welsh. A Welsh speaking member of staff was available on each shift ensuring the language preference of the person using the service could be consistently met. We were informed by the management team that all of the staff team were fluent Welsh speakers. We observed staff members speaking Welsh with person using the service and with each other throughout the inspection. Information contained within care file documents were a mixture of Welsh and English and we were informed that all documents could be completed in Welsh if required.

Quality Of Staffing

In summary, the person using the service benefits from a service which conducts robust staff safety checks prior to and during employment. Newly appointed staff members complete a formal induction and have access to varied training opportunities. Most of the staff team had worked for the service for many years and felt supported as they received regular supervision and an annual appraisal. A minor improvement was required in relation to providing staff members with a consistent and equal level of training provision.

People benefit from a service which follows a thorough and timely recruitment process. This is because safe recruitment and induction practices are in place. We viewed a selection of staff files. We saw that the service had conducted Disclosure and Barring Service (DBS) checks in a timely manner to certify staff members were suitable to support vulnerable adults. Staff files also showed the recruitment process was comprehensive with the service following up the information and chasing any gaps in the information provided. Interview notes demonstrated the evidence used to determine the decision to offer employment. Staff members' files showed that they had completed application forms which contained details regarding their qualifications, previous work experiences and whenever possible, references from previous employers. It was noted that not all employers had provided formal references, however we saw that the service did its' utmost to obtain further relevant information about applicants. We were informed that gaps in employment and any further information regarding work experience were addressed during the interview stage. We saw examples of the interview scoring and decision process and saw they were robust and contained additional information justifying their decision. We were informed by the management team that newly appointed staff members followed the service's internal induction process. They had access to the service's policies and were given an introduction to their ethos, aims and objectives. Newly appointed staff members also completed 'shadow' shifts with experienced members of staff before commencing shifts on their own. The service also encouraged members of staff to complete and attain level two qualifications in care and supported them during this process.

People benefit from a service where the well-being of staff members is given priority and the staff team are well-lead and supported. This is because staff members receive regular formal supervision, appraisal and training but a consistent and equal level of training provision was recommended. The staff files showed that regular supervision and an annual appraisal had been completed. Information received from staff members stated that they did not wait until formal supervision to discuss operational or personal issues. They stated that they had near daily contact with the registered manager and viewed this as a way of accessing support and informal supervision. We also viewed the staff training records. We saw that the service provided the staff team with varied mandatory training opportunities and also arranged for specialist training pertinent to the person's needs. It had an on-going staff training programme and records showed refresher training was completed. We saw the service had systems in place to flag up when training was due for renewal. The specialist training provided the staff team with knowledge and skills which enabled them to provide care to assist the person's health needs. Information obtained from the staff team stated they were happy with the training provided and highlighted it assisted them to perform their roles. We saw, however, some

staff had not completed a consistent and equal level of training. It was noted that some staff had completed more training than others and we discussed this with the service's management team. There was no evidence suggesting a failure to complete some training sessions had affected staff members' ability to carry out their roles and it had not negatively affected the person's happiness or well-being. Providing opportunities for staff members to access and complete equal training opportunities was seen as an area for improvement.

Quality Of Leadership and Management

In summary, the service was being run in an efficient manner by an experienced, committed and supportive management team. Most of the staff team had worked for the service for many years and were confident in approaching the management team to express any concerns. A quality assurance process was in place which involved the person's opinion. A minor improvement was noted in relation to ensuring how the quality assurance information was evaluated and shared to inform an action plan.

People receive care and support from a service which sets high standards for itself. This is because a committed and supportive management team oversees a dedicated staff team who are focused on ensuring the person receives good quality care. Information obtained from members of staff highlighted they believed the service was well-run and operated in a professional manner. The staff team felt they worked well as a team and stated "*mae pawb yn dod ymlaen efo'i gilydd*" (everyone gets along with one another). Discussions with the staff and management team confirmed they had a detailed understanding of the person's support needs, understood their roles and were committed to providing a high standard of care at all times. We saw records which showed many of the staff team had supported the person using the service for many years. This meant the person received consistent care and support from a staff team who were aware of their history and could share stories and reminisce about past memories.

People and the staff team are able to express their concerns and benefit from a service which displays initiative and makes best use of its resources. This is because a range of service policies promotes safe practices and a culture of safety. We viewed a sample of operational policies which included the complaints process and whistleblowing. The policies supported the service being offered and were accessible to the staff team. It was noted that there had not been any safeguarding concerns since the last inspection. We saw that the service adopted an open discussion format with the staff team to discuss any concerns. Information provided by staff members told us they felt supported and stated the registered manager was "*approachable*", "*very understanding*" and "*isho'r gorau*" (wants the best) for the person using the service and the staff team. They also confirmed issues of concern were listened to and stated they were contacted "*yn syth*" (immediately) if they had any concerns. The person using the service told us they would speak with either the registered manager or responsible individual if they were unhappy about anything and addressed them by their first names them during our discussion. We saw that they had access to an independent advocacy service at any time and the service documented whenever the advocate visited the person. Discussions with the staff team highlighted they were aware of the safeguarding process and of the complaints and whistleblowing policies. They also stated that they had "*dim problem defnyddio fo*" (no problem using it) if required.

The provider is committed to the quality assurance process and completing regulatory documents. This is because regulatory documents have been completed and the home has clear aims that are focused on the person's needs. We viewed a selection of the service's regulatory documents such as the statement of purpose, service user's guide and the quality assurance report. We saw that the statement of purpose and service user's guide contained detailed information regarding the service and provided an

accurate description of the service being provided. A quality assurance report had also been completed and we saw that the views of the person using the service had been obtained via a pictorial questionnaire document. The document was used to obtain the person's views regarding their home, support, service, staff members, choices offered and any improvements that could be made. Whilst we saw that the questionnaire had been signed by the person, it also highlighted that they may not have understood each question. We discussed this with the registered manager and responsible individual who stated they would review the questionnaire to look at how it could be improved. We saw that how quality assurance information was evaluated could have been improved. Although the views of the person using the service were included in the quality assurance report, we did not see that the views of professional services, representatives or members of staff had been included. We saw that the views of representatives were complimentary. We discussed with the registered manager and responsible individual the merits of including all 'stakeholder' views in the next annual quality of care report to help inform an action plan aimed at continuous improvement.

Quality Of The Environment

The Quality Of The Environment theme is not inspected in the domiciliary care setting as the service is provided in the person's home.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.

No noncompliance records found in Open status.