



Inspection Report on

Awelon Healthcare Mount Pleasant Stables

**MOUNT PLEASANT STABLE
LLANTWIT MAJOR
CF61 2XR**

Date Inspection Completed

19 and 23 March 2021

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About Awelon Healthcare Mount Pleasant Stables

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Kay Campbell
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	4 June 2019
Does this service provide the Welsh Language active offer?	Working Towards

Summary

This visit was a time-limited focused inspection about residents' well-being. Due to the ongoing COVID-19 pandemic, we kept our visit as brief as possible. Kay Campbell is the Responsible Individual (RI) for the providing company, who is required, under the regulations, to show they have oversight of the service. There is a permanent manager in place. There were three people living at the home on the day of inspection.

People are happy and observed to be content. There is, generally, a relaxed, family atmosphere at the home. People are supported to do things that are important to them. Staff know people and understand how to communicate with them in ways that are meaningful. Families are very complementary of the service. The environment is nicely presented and people have rooms individualised to their taste. Improvements in care and support are required to ensure the safety and well-being of everyone at the home. Staffing levels vary and do not always safely support people's needs. Best interest decisions are not always made in full consultation with people or their representatives. This, at times, has led to people's choices and control being compromised around some aspects of their daily support.

Well-being

People receive the support they need to promote their social well-being. At the time of the inspection, restrictions are in place because of the current pandemic. Despite this, people are supported to go out in the local area safely and take part in activities within the home. People told us about the activities they did before the restrictions. Pictures of people enjoying various activities are displayed on their walls. People were seen enjoying positive interactions with staff and laughing and joking. People decide on their activities and they are supported by staff. Parents of people living at the home spoke highly about the service and the support they receive.

People are mainly supported in a way that they choose. Improvement is needed in some aspects of recorded information to ensure it is clear that people have been supported in the way they want. Records indicate that people are supported to take their medication safely. People have up to date behaviour support plans to assist them with emotional health and to stay safe. Staff follow infection control guidance to ensure people are protected in relation to Covid 19. Daily logs clearly record care and support being provided, and monitor and record people's wellbeing throughout the day. Records of staff support at night time are not completed in any detail and it is difficult to establish people's routine by night / early morning. From night recordings, it appeared that on occasion people are woken by staff in the early morning.

People may not always receive care that is led by their wishes. There are indications that staff contribute to unintentional institutionalised practices because people's waking times appear to be pre-determined by staff. People do not always have advocates or access to their social workers without going through the manager. Continence care needs are identified but professionals are not fully involved so details of how to support people with this is missing. Staff follow the directives of the manager and RI who tell them to get people up if they are incontinent as a default strategy. This compromises choice and there is evidence that people are routinely woken up early, between 6am and 7am due to this. This indicates that people do not always have control over some areas of their daily lives which could be viewed as institutionalised or abusive care.

The environment promotes people's well-being. Facilities for people are good. There is an outside area that is well maintained and allows people to enjoy time in the garden. People's rooms are individualised and provide a sense of who they are and what they like. Residents are part of the wider community, regularly going into the small, rural village where the home is located.

Care and Support

The service works with people to help them maintain their physical and emotional well-being. People have support to attend GP/chiropractor/optician and other clinical appointments. Staff are encouraged to provide healthy meal options for people. Staff record any changes in people's health needs in their personal plans. People have plans designed to help staff support them with managing emotions, or situations they find difficult. Staff are able to recognise when people may be experiencing a situation or feeling they find difficult, because plans are detailed and tell staff how to help in these situations. When people display behaviours or are feeling distressed, staff support them as their individual plans indicate. Regular reviews of plans are carried out and updates made when necessary. Each person has records that outline the activities they have done, how well they have eaten, and drunk as well as an indication of a person's mood.

Continence management for some individuals requires reviewing and consultation with a professional to ensure the plan is in line with best practice. Clear instructions for staff to know how to manage people's continence is missing. Records of support by night require improvement to evidence that actions taken are in response to planned care for individuals not the set night routine determined by the staffing. The service's statement of purpose states, "Where any limitations are required that affect an individual's freedom of choice, these will be documented within Individual Support Plan, agreed by all those involved and regularly reviewed during key worker supervision sessions, and placement reviews. Limitations on an individual's freedom of choice will be supported by risk assessments." **We did not see evidence that this was the case.**

The provider is not delivering the appropriate numbers and skill of staff to support people in the early morning. All the people at the service require 1:1 support by day. However the day staff do not start shift until 8.30am. Records for the past two months show that people are awake and need support much earlier than 8.30am. Therefore the support by two staff members is not adequate to meet people's assessed needs. Staff and people are at risk at night as training records show usually only one of two member of staff is adequately trained. The RI and manager agree to review staffing urgently.

A Priority Action notice is issued in relation to care and support, as the service is not meeting its regulatory requirements across several areas. The RI needs to ensure that the issues are addressed within the timescales identified.

Environment

We did not consider this theme in depth during this focused inspection. We did however note the environment promotes people's well-being. The home is well maintained and suitable for the needs of people using wheelchairs. The home is comfortable, clean and tidy. There is a dining area and lounge area for people to use and people's bedrooms are decorated in accordance with their preference. There is good access to the local community. The home is secure and visitors are asked to sign the visitor's book as part of the home's security measures.

Leadership and Management

We did not consider this theme in depth during this focused inspection. We did however note the operation of the service is supported by a clear management structure. The manager is experienced, well established and demonstrated they knew the service, people and staff very well. Staff and people using the service are very positive about the dedication the manager gives to the service. We saw internal audits in key areas of service delivery; including health and safety, staff training, and staff recording was not always effective in identify areas of poor practice. We found that the audit of documentation such as night staff recordings and the daily planner had failed to identify instances where staff were not recording information appropriately. We also saw directives around waking individuals had not been identified and addressed by the manager or the RI as part of the monitoring process.

We saw that the RI had a regular presence at the service. Quality assurance visits were undertaken at least quarterly, and had consulted with individuals and staff, in order to find out about people's experiences. We were provided with evidence of a six monthly quality of care review, to inform the ongoing development of the service and improve outcomes for people. We saw no complaints had been received since re-registration under new legislation.

Documentation is in place to inform people of the aims and objectives of the service. We looked at the statement of purpose and guide to the service, which included information to help individuals have a clear understanding of the culture of the service, how it will be provided and what they can expect to receive

Whilst the leadership and management of the service has an ethos of kindness and there is genuine attachment evident for the people living there; there is a need to ensure that well-meant practices do not compromise the core rights of people accommodated.

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved

Quality Assurance - Regulation 73: The RI must monitor the performance of the service, in relation to its Statement of Purpose and to inform the oversight and quality review. The frequency of these visits to be determined by the RI, but must be at least every three months. The visits should be logged and documented.	Regulation 73(1)
Written guide to the service – Regulation 19(1): The service provider must prepare a written guide to the service.	Regulation 19(1)

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

The service provider should ensure that there are sufficient staff numbers , with sufficient skill to meet the care needs of people across a 24 hour period.	
The registered person is not compliant with regulation 21 (1) The service provider must ensure care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. Personal plans did not always contain the detail needed to inform staff to meet people’s needs and preferences. Guidance for staff around continence care did not take into account people’s dignity and privacy. Preferences around waking times were not clearly recorded and honoured. There were indications that there were expectations that night staff would wake residents up to assist the day staff Peoples preferred daily routines and wishes were not always being followed by staff as indicated in their personal plans. Guidance on how to support people with their continence by night was not clear and it was not evidenced that less restrictive ways of managing continence care had been thoroughly explored. Low staff levels, during the early morning, could potentially put people at risk due to insufficient attention and safe supervision of vulnerable residents.	

We found poor outcomes for people, and / or risk to people’s wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

Areas where improvement is required	
None	

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