



## Inspection Report on

**Elidyr Communities Trust**

**Coleg Elidyr Camphill Communities  
Rhandirmwyn  
Llandovery  
SA20 0NL**

**Date Inspection Completed**

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## About Elidyr Communities Trust

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Elidyr Communities Trust
Registered places	60
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection of the service under The Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	'This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.'

### Summary

Elidyr Communities Trust (EcT) provides care and accommodation for people aged eighteen and over who have moderate to severe and complex learning, emotional and behavioural difficulties. Some people attend the on-site college and others are engaged in either a 'skills for life' or an 'inclusive lives' programme. People receive support and guidance in line with their individual care plans. Care staff are attentive and familiar with each person's needs, their communication preferences and how they wish to receive support. They take time to uphold people's rights and encourage their participation in activities within the college and in the community.

Care staff receive support and supervision and have training opportunities which means that overall people living in the home receive a good standard of care. The service has a core group of well-established care staff and while serious attention is being given to improving staff retention, the service has significant staff vacancies in the care staff and therapy teams.

There is a strong senior leadership team and culture at the service, but the service provider must reconsider the arrangements for the delegation of the registered manager's duties and responsibilities. Good working relationships across disciplines (education, residential and clinical staff) promotes a cohesive care culture for the benefit of people living in the home. Improvements are required in respect of medication administration systems, recruitment, safeguarding and management oversight. The houses with the exception of one are clean,

tidy, suitably furnished, and maintenance work and various health and safety checks are completed.

## Well-being

Care staff and managers use a variety of methods incorporated in a 'total communication' approach to support and engage with people to enable them to make choices and make their views understood. Staff receive training in these approaches. Communication boards inform people of the day's activities, care staff on duty and meals. House meetings are held weekly giving people the opportunity to contribute their views to the running of their home with minutes produced in an accessible format. There is a 'total communication' co-ordinator for each house and a Speech and Language Therapist is involved in the initial assessment completed on admission, care plan reviews and in between where there is an identified need.

People are listened to, given choices and their views are respected. They are encouraged to contribute to their personal plans and preferred outcomes although this is not always evident in documentation. Those living in the home are encouraged and supported to access independent advocacy where appropriate and are supported to attend or represent their own views at reviews. The service does not provide the 'Active Offer' of the Welsh language, but every effort is made for the service to be delivered in Welsh if that is people's preference and we saw this happening at inspection. Nevertheless, the provider should consider Welsh Government's *'More Than Just Words: Follow-on strategic framework for Welsh Language Services in Health, Social Services and Social Care'*.

Care staff enjoy their work, are committed to the people they support and celebrate their achievements. We saw care staff engaging in respectful, caring and good-natured interactions. We also saw residents approaching care staff for comfort and guidance and were relaxed in their company. One care staff member told us *"I love working with the residents and go home every day feeling that my job has been worthwhile"*. The home's workforce consists of paid employees and (mainly) overseas volunteers, and residents seem to benefit from the range and variety of skills, interests, and qualities this mix brings to the care staff team.

People receive care and attention to promote their health and well-being. Care staff work well with other agencies and professionals. They support people to attend appointments and access services that meet their needs. There is an on-site therapy team which includes a Speech and Language Therapist, an Occupational Therapist (OT), and a Behaviour Support Practitioner (BSP) although these last two posts are currently vacant. People have health plans and are encouraged to take part in physical activities and eat a healthy diet. Records show care staff undertake the core training outlined in the Statement of Purpose (SoP) such as first aid, food hygiene and medication administration although there have been a number of medication errors indicating the need for more robust systems.

People can do things that matter to them. Dependent on their risk assessments and care needs, they can access all areas of the home and grounds with the support of care staff. They can visit each other's houses and access communal areas of the home or college for recreation or education purposes. Contact with families is promoted either on-site, in the community or the family home. Families are welcome to visit and there are also planned 'engagement events' several times a year where family and friends can look around the college and have lunch on site.

Records show people enjoy a range of off-site activities such as swimming, going to a local youth club and to the pub, as well as trips further afield to places like Folly Farm. One relative told us "*it asks what the residents want to do and as much as possible make it happen*" and another said there is "*a strong ethos of giving people as much independence as they can, with care taken to minimise risk but not to the point of being overprotective*". We were told staff shortages sometimes impacts on people being able to do their planned activity, particularly if this is off-site, but an alternative is offered to ensure people are still occupied in an activity they enjoy.

Most people live in accommodation suitable for their needs and which reflect their individual preferences and care requirements. Relevant health and safety checks are undertaken as required and repairs are identified and carried out in a timely way.

## Care and Support

Care staff know people well and understand their needs and behaviours. People's care and support needs are monitored and reviewed. Although changes are made in line with changing needs and circumstances, the service provider must ensure a formal review is carried out at the timescales set out in regulations. This is an area for improvement, and we expect the service provider to take action.

Individualised care and support plans provide care staff with good information on people's needs and how to meet them. Personal plans, behaviour support plans and risk assessments are easy to follow. The service provider regularly consults with people living in the home, their families and care staff. The feedback is very positive about the general standards of care and support, and people are happy and leading fulfilled lives. One family member told us "*The staff really care about the people living there.*

*My [relative] has really prospered and progressed since residing in this community",*

People have access to education and/or training as there are a variety of on and off-site facilities and opportunities. They participate in individual programmes of activities linked to their outcomes and this includes in the evenings, at weekend and during college holidays. As well as the 'Education hub', there are arts and crafts workshops with some items being sold in the Trust's shop in the nearby town. Some people also do work experience there or in the on-site shop. One of the houses which is currently used as employee accommodation is ordinarily used as guest accommodation and some residents have carried out work experience there.

Safeguarding practice and systems require improvement. Care staff receive training and there is a policy in place although this should be updated. They told us they were confident in their knowledge of what to do in the event of a safeguarding concern. Where restrictions are required to ensure people's safety, authorisation had been sought; these had been reviewed and updated as necessary and parents had been involved in this process.

People have individual behaviour management strategies which are documented in their support plans and aim to reduce stress, frustration, and anxiety. Practice though, must improve in relation to recording, reviewing, monitoring and responding to incidents, in particular unexplained injuries. One of the responsibilities of the Behaviour Support Practitioner is to review and respond to reports of significant incidents and events including those where physical intervention is used. Since that post has been vacant the service provider has put measures in place to monitor reports, but these are not robust and do not evidence manager oversight or de-briefs of care staff and residents with a clear feedback/learning system.

The service provider carries out a thorough pre-admission assessment process. There is an admissions policy which reflects practice. The Heads of Care and Education and the

therapeutic practitioners are all involved in the assessment and decision-making process. People and their families are encouraged to visit EcT and are typically very involved in the whole process. The service provider does not evidence the rationale for decisions on the house a person will actually live in but has already identified this as an area for development and intends to take appropriate action.

The arrangements for ensuring medicines are administered safely need to be more robust. While they are stored safely there have been several medication errors, some of which have not been identified as soon as they should. When errors are identified the service provider's responses are appropriate, but this is reactive. Improvements should be made to auditing, manager (or delegated) oversight and a consistent approach across the houses. This is an area for improvement and we expect the service provider to take action.



## Environment

People live in a home that meets their needs and supports them to develop independent living skills. EcT in the main provides a comfortable and homely environment.

Accommodation consists of seven houses with different occupancy numbers, the most being ten. Each house contains the necessary utilities and appliances. Residents take responsibility for their own rooms and laundry, and there are well established routines regarding the cleaning of communal areas with care staff support where appropriate. Generally, the environment and facilities meet the individual needs of people. Rooms reflect people's individuality with some being sparse but they are all personalised according to interests and preferences. The houses contain sufficient space and rooms for people to socialise or spend time on their own if they wish.

However, one of the homes is not suitable and was in a poor state of cleanliness. We advised the service provider that immediate action needs to be taken to improve this environment and were assured a programme of remedial work will begin within a fortnight.

The outdoor areas offer a variety of pleasant, stimulating spaces and opportunities for activities. EcT is situated in a picturesque valley some seven miles from the nearest town and as there is no public transport, people use the home's transport arrangements when they travel off site with care staff. It is set in 180 acres of grounds which enables people to take part in outdoor activities and tasks such as gardening and grounds maintenance according to their interests and individual plans. There is a stream, an orchard and a large flat 'green' where college events are held, and in the summer people enjoyed a giant slip slide. Indoor facilities include a Talisen (hall) for events, a new gym and arts and crafts workshops.

Notwithstanding the issues regarding the one house highlighted above, people live in a safe environment where risks to their health and safety are identified and managed. Care staff and house managers complete regular health and safety checks of the environment, but it was not clear why one of the houses was in an unsuitable state. Fire safety arrangements are in place with regular servicing and checks being undertaken. Our identity was verified before we could enter the premises and confidential information and hazardous substances are stored securely.

## Leadership and Management

The service provider has not ensured safe recruitment practices are always followed. We found a number of shortfalls in care staff pre-employment checks. Following an inspection of one of the service provider's other services, the registered manager had introduced measures to prevent this happening in the future and planned to conduct an audit of all care staff files and correct the shortfalls. Nevertheless, this is a serious issue which has been identified as an area for improvement and which we expect the service provider to address.

The service is staffed mainly with care staff who have been in post for several years and a number of volunteers. These volunteer workers are usually from overseas and stay for at least a year, receiving similar training and support to employed care staff but not carrying the same level of responsibility. The service has a significant number of care staff vacancies and recruitment processes are in progress. Daily care staff levels are maintained with the use of casual care staff, overtime and a few agency staff who are familiar to people living in the home. The provider has given consideration to staff retention and in discussion and in surveys, staff consistently gave positive feedback about working at the service.

People are supported by care staff who have the support, knowledge, and training to ensure their needs are met. Newly employed care staff complete an induction process and are not confirmed in post until they have satisfactorily completed a probationary period. However, the system for recording these processes is inconsistent. Subsequently, care staff are encouraged and supported to register with Social Care Wales and gain relevant qualifications. The staff training record shows care staff have access to a variety of training opportunities. Care staff receive supervision three monthly and house meetings are held regularly.

People receive information about the service. The service is provided in line with the Statement of Purpose (SoP). People receive a comprehensive guide to the service in English or Welsh and the service provider has produced a pictorial version which is more suitable in format to the needs of some people living in the home. All required policies and procedures are in place, although the Safeguarding and Physical Intervention policies need to be updated in line with current Welsh government guidance.

While it is clear the service provider is committed to service development, improvements are required to the effectiveness of management and quality assurance arrangements. The service provider has established systems for the oversight and operation of the home at different levels. The house managers undertake monthly house audits and the responsible individual (RI) completes reports of their statutory visits to the service, but these do not consider issues of quality and often do not detail actions required. Reviews of the quality of care do not pull together, analyse and interpret sufficiently, the quality assurance information available and do not include action plans with actions assigned to a lead officer with identified timescales. The service's I.T system is not being used to its potential to

record and report on data including outcomes for people, but development work is planned to address this.

EcT has strong leadership and management arrangements in place. The registered manager shows enthusiasm and motivation; they talk proudly about achievements, plans for further developments and progress in the service. However, the RI needs to review the registered manager job description, role and responsibilities to ensure these can be carried out effectively and the arrangements meet regulatory requirements. This is an area for improvement which the service provider has given a commitment to addressing.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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. 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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58	There have been a relatively high number of medication errors. Medication errors are not always identified in a timely manner. Practice in relation to the recording and storage of medication should be consistent across all parts of the service.	New
43	One of the houses where people live was not in a fit state of cleanliness, decoration, maintenance or hygiene.	New
67	The responsible individual has not ensured the management arrangements are such that the person appointed can fulfill all the responsibilities of the role.	New
80	Quality assurance systems are not as robust as they should be because they do not sufficiently consider quality as well as quantity. Actions do not always flow from audits. The manager does not have the capacity to carry out thorough internal audits or to oversee delegated responsibilities and independent scrutiny is not built into systems. The Trust's I.T system has not been capable of providing data which can be aggregated and analysed.	New
26	The system to record, review and monitor significant incidents and events must demonstrate the actions taken to ensure people are protected from harm and improper treatment.	New
35	The service provider has not consistently carried out robust pre-employment checks on care staff	New
16	The service provider has not reviewed people's personal plans as required.	New

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