



## Inspection Report on

**Plas Lorna**

**Rhyl Road  
Rhuddlan  
LL18 2YD**

## **Date of Publication**

**15 May 2019**

**Welsh Government © Crown copyright 2019.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## **Description of the service**

Plas Lorna is a care home service located in a semi rural residential area within close proximity to Rhuddlan and Rhyl. The service is registered to provide a service to a maximum of 12 younger adults with learning disabilities and complex needs. Plas Lorna consists of a main building which accommodates up to eight people and four apartments which are used to promote further independent living.

The service is owned by ProCare Wales Ltd and the responsible individual (RI) is Helen Shepherd. The service manager is Jacqueline Angove who is registered with Social Care Wales. In addition, the service has a home manager Carys Hughes who provides full support to the service manager.

## **Summary of our findings**

### **1. Overall assessment**

People receive personalised care and support specific to their individual needs from staff who are well-led, trained and supervised. Care plans and risk assessments are completed and people have access to various health and social care services. The service sets high standards for itself and is committed to quality assurance and constant improvement.

### **2. Improvements**

We did not consider in detail what improvements had been made, as this was a focused inspection. However, since the last inspection the use of closed circuit television (CCTV) has been made clear in the statement of purpose and service user guide.

### **3. Requirements and recommendations**

Section five of this report identifies our recommendations to further improve the service. These include regulation 60 notifications, team meetings, staff refresher training, staff signatures on documentation and the general overview of medication administration record (MAR) sheets.

# 1. Well-being

## Summary

People receive care and support from a service that understands and has a good working knowledge of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MHC). Clear policies and procedures are in place for staff to follow to prevent abuse, neglect and improper treatment. People are supported to live active lives and be as independent as they can be.

## Our findings

People have their rights respected. We saw evidence the home had made applications to the relevant local authority as required under the DoLS, for people who do not have the ability to make decisions about aspects of their care and support. Staff we spoke with understood what this meant to the individuals they support and all staff have received training in DoLS and MHC. We saw that people had regular contact with their Relevant Persons Representatives (RPR) and Independent Mental Health Advocates (IMHAs). An RPR have specialist knowledge of the MCA and DoLS registration. IMHAs represents any person who is assessed or who is being treated for a mental health disorder in a registered setting. People's human and legal rights are protected.

People can be assured that suitable arrangements are in place to give staff the support and knowledge to keep them safe. All external doors were kept secure to prevent strangers entering the premises. A visitor's book was available within the home to ensure records were kept of all persons entering the building. We were required to present our identification card and sign in on arrival and departure on both days. Policies relating to keeping people safe including the safeguarding and whistleblowing policy were available and up-to-date. The policy included the individual roles and responsibilities of staff working at the home in reporting suspected abuse, neglect or improper treatment. A notice stating, "*do you suspect abuse*" was visible in the staff room to reinforce what steps must be taken by staff to report abuse and what the implications were if they witness and failed to report. Staff we spoke with understood their role and responsibilities in protecting the people they care for. Staff confirmed they had received safeguarding training and staff training records confirmed this. Additional safeguarding training is currently being rolled out over the next four weeks. Relevant regulation 60 notifications had been received from the service. However, through previous conversations with management and examining staff files we found that the home had not reported an alleged serious incident to the relevant local authority or to CIW. We discussed this with the home manager and responsible individual and a report has now been received. Although the relevant bodies were not notified, the home did respond and investigate appropriately to the incident. Overall, there are clear systems in place to ensure staff are aware of their individual roles and responsibilities in protecting people from harm.

People's independence is promoted and their interests are understood. All staff have received 'active support' training which is a person-centred approach to help people to be actively, consistently, and meaningfully engaged in their own lives regardless of their support needs. One staff member told us "*It's a great buzz getting out an about trying different things with service user A*". We saw that people had been encouraged to partake in a variety of activities including trampolining, horse riding, swimming and daily living tasks such as cooking and cleaning. Daily records confirmed that people were given the choice to

participate or not. The service does not employ domestic staff as this would hinder the opportunity for people to learn and participate in daily living tasks. We saw evidence of team meetings being held which discussed recent behaviours, health, and community activities. It was discussed with the home manager that not all team meetings were consistent throughout the year. This had already been acknowledged by the home manager and was being addressed. People are supported to be involved in meaningful activities.

## 2. Care and Development

### Summary

People's individual needs and preferences are known and well documented. They have access to a range of health and social care services and referrals are made in a timely manner.

### Our findings

People receive appropriate person-centred care. We examined five care files which contained detailed and accurate personal plans, which were up-dated regularly. Information included a pen-picture, preferred routines, likes and dislikes, personal care, daily living skills, relationships and communication. We saw evidence of a person centred review which contained this is me document, outcomes in lifestyle, health and finance, community presence, skill and behaviour ability, challenging behaviour and feeling valued. An external professional told us "*A has come on in leaps and bounds since living in Plas Lorna*". Care documents contained detailed and up-to-date risk assessments, behaviour management guidelines and behaviour intervention plans. Information included description of the behaviour, triggers, primary strategies, secondary strategies, reactive strategies including responding to physical behaviour. Staff spoken with told us that the care files were "*easy to follow*" and contained "*current*" information. All staff have received training in principles of personal safety/non-violent crisis intervention (CPI/MAPA). This training gives staff the tools and knowledge to support them when dealing with escalating behaviour in a professional and safe manner. In the latest quality assurance survey staff were asked to feedback about this particular training. Staff comments included "*I feel more knowledgeable and confident*" and "*very thorough, hands-on, interactive training*". People's individual needs and preferences are understood and anticipated.

People are supported to be as healthy as they can be. Separate health files are available which demonstrated that people received support from health professionals with clear records kept of all appointments. The files included health action plans and hospital passports. Our discussions and records confirmed that people's health was being reviewed and monitored along with their other care and support needs. We saw referrals had been made in a timely manner to professionals when people's needs change. Records showed that people were having their medication as prescribed; staff providing this support have received medication training. Although we did not look specifically at medication during this inspection, a discussion was held with the home manager regarding missed signatures on a medication administration record (MAR) sheet. The home manager noted this error on the day of inspection and assured us they would address the issue with the relevant staff member. People are supported to be as healthy as they can be.

Overall, the care files provided clear and constructive information for staff about the people living in the home, their care and support needs and the outcomes they would like to achieve. However, we did discuss with the home manager that staff signatures were not consistent within care files. The general oversight of care files needs to be reviewed to ensure all staff are up-to-date with the needs and risks of the people they support.

### **3. Environment**

#### **Summary**

This inspection occurred as a result of recent concerns and safeguarding events, we did not focus on this area.

## 4. Leadership and Management

### Summary

People living and working in the home are provided with accurate information about what is provided. Staff are safely recruited, receive regular supervision, appraisal and training. People living in the home benefit from a service which regularly reviews its' practice and looks to improve any identified issues.

### Our findings

People living and working in the service know what the service provides. A statement of purpose (SOP) was available that sets out the aim of the service, the admission process, information about the use of closed circuit television (CCTV) within the service and what people could expect. This had been up-dated in May 2018, which contained the service's position in relation to the Welsh Active Offer. The '*active offer*' is a Welsh Government initiative which promotes people to receive a service in Welsh if they wish, without having to request it. A comprehensive service user guide is also available for people in different formats, including easy read. Policies and procedures were in place to support practice. We saw that supervision and appraisal, challenging behaviour, disciplinary, and complaints policies were included, all of which had been reviewed in May 2018. All policies and procedures are required to be read and signed by all staff during their induction program and after any review. A CCTV policy was available and was in the process of being reviewed, which we have now received, dated April 2019. During their inspection process the service has acted in accordance with their policies and procedures and have been able to identify inappropriate behaviour. The service took immediate action to ensure the safety of all individuals for whom care and support is provided. Appropriate referrals to other agencies, including safeguarding was done immediately. The vision, values and purpose of the home is clear.

People receive care and support from staff who are safely recruited, supervised and supported in their roles. We examined five staff files which contained the required information to ensure their suitability and fitness. It was evident from staff files that the necessary pre-employment checks, such as disclosure and barring service (DBS) checks and references, had been completed and found to be satisfactory. When agency staff are used within the service, confirmation and staff profiles are received prior to them working at the home. We saw evidence which demonstrated that the agency staff had been subject to the same checks as permanently employed staff, including DBS, qualifications, work experience, and training including safe breakaways and hold techniques. Staff receive regular one to one supervision meetings, which gave staff the opportunity to discuss any identified issues and agreed actions, service users, training and development. All staff spoken with confirmed they receive regular one to one supervisions. Staff described management as "*great*" and "*approachable*". In addition to this, staff receive 'verbal and discussion meetings' to discuss any performance related issues, which could include not following behavioural management plans, incomplete documentation and punctuality. We saw evidence that annual appraisals were conducted which provided staff with feedback on their performance and identified areas for training and development. One staff member told us that personal development was "*encouraged*" by management. People are cared for by staff who are recruited safely, supervised and well supported.



Overall, staff are appropriately trained for the roles they undertake. The service has a comprehensive two-week induction program in place for new staff. Once staff have completed their induction program, they shadow experience staff before being put on the rota. A new staff member told us the training they had received was '*full on*' but '*really good*'. The more experienced staff told us they receive "*on-going refresh training*" to keep their knowledge up-to-date and current. Records showed that all staff had received mandatory and service specific training. This included adult abuse awareness level two and refresher level three, principles of personal safety/non-violent crisis intervention (CPI/MAPA), Mental Capacity Act, person centred planning, Makaton sign language communication, confidentiality, infection control, manual handling, food hygiene, health and safety, first aid, fire safety and supervision skills for team managers. It was noted that some staff had not attended their on-going refresher training, including, CPI/MAPA. This was discussed with the RI who confirmed that refresher training will be completed within the next two months. Overall, people are cared for by staff who are well trained.

People can be assured that there are systems in place to monitor and assess the quality of the service provided. We saw documented evidence that the RI formally visited the service every three months. Reports of these visits were available in the service and demonstrated that the people living and working in the home had been consulted with. The latest report from the RI stated that staff were observed to be working with individuals 'in a caring and professional manor'. A quality of care review had been carried out dated April 2017- March 2018 to assess, monitor and improve the quality and safety of the service. People receive care and support from a service which sets high standards to itself and is committed to quality assurance and constant improvement.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None

### **5.2 Recommendations for improvement**

We recommend the following;

- Notify CIW and the relevant local authority of incidents in line with regulation 60.
- Staff to attend refresher training to acquaint them with new skills, methods and processes.
- Team meetings should be consisted throughout the year.
- Staff signatures on medication administration record (MAR) sheets.
- Staff signatures on care documents to ensure all staff have read and understood the needs and risks of the people they support.

## 6. How we undertook this inspection

This was a focused inspection as a result of recent concerns and safeguarding events. We visited on the 5 March 2019 between 09:20 and 17:15 and on the 6 March 2019 between 09:30 and 16:00.

The following methods were used:

- We spoke to five members of staff.
- We gave feedback to the home manager and behavioural analyst.
- We gave feedback to the responsible individual over the telephone.
- We spoke with one professional.

Records reviewed included:

- Statement of Purpose
- Service User Guide
- Three care files including daily records
- Team meeting minutes
- Five staff files
- Staff training records
- Staff rota
- Agency contract and staff profiles
- Supervision and appraisal policy
- Disciplinary rules and procedure
- Whistleblowing policy
- Safeguarding policy
- Complaints procedure
- Challenging behaviour policy
- CCTV policy
- Responsible individual formal visits
- Quality assurance report

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Procure Wales Limited</b>
<b>Manager</b>	<b>Jacqueline Angove</b>
<b>Registered maximum number of places</b>	<b>12</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>15 November 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>05/03/2019 &amp; 06/03/2018</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is working towards providing an 'active offer' of the Welsh language.</b>  <b>An 'active officer' means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language.</b>
<b>Additional Information:</b>	

