



Inspection Report on

Wylesfield Residential Care Home

**Lant Avenue
Llandrindod Wells
LD1 5EH**

Date Inspection Completed

08/11/2022

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About Wylesfield Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Shaw healthcare (Group) Limited
Registered places	27
Language of the service	English
Previous Care Inspectorate Wales inspection	18 th March 2019
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh Language and demonstrates an effort to promote the use of the Welsh language and culture.

Summary

People are happy living at Wylesfield, they can choose how to spend their time in a comfortable and homely environment. Staff are attentive, respectful, and caring, supported by an experienced management team who are present and involved.

People are supported to be active and maintain independence with their health and well-being needs met by care staff and external professionals working in partnership.

The provider has invested in the environment and improvements are ongoing with a plan of decoration for the service.

The supervision and development of staff needs improvement and will be looked at during the next full inspection.

Well-being

People have choice about how to spend their day at Wylesfield. They can choose when to get up and go to bed, where they would like to have their meals and whether they want to take part in activities. Resident meetings take place monthly. They are well attended, and people discuss maintenance, menu choices and activities. A guide to the home is in each person's room and more information is accessible in the foyer area in both Welsh and English. People are consulted about the decoration of the home and on the day of our visit, discussions were being held about new flooring.

People's health and wellbeing is supported by good connections with the local GP practice and visiting professionals such as dementia nurses, dieticians and district nurses. There is an activity coordinator at the service five days each week offering a range of engagement opportunities including physical games, crafts, history sessions and word games. People told us that they enjoy visits from family members and will go out for the day. Staff support people to use phones and assistive technology to maintain family contact and there is WIFI access the home. Mealtimes are sociable where people who have formed friendships sit together, and staff promote conversation when helping people with mealtimes. One person told us "*The food is very good and its very nice here.*" One person had specialist eating equipment to enable them to remain independent at mealtimes. People would benefit from being able to see the menu for the day.

The organisation has policies in place to ensure that staff and people living at Wylesfield have access to guidance in relation to Safeguarding which reflects the All Wales Safeguarding Procedures. Staff have training on Deprivation of Liberty Safeguards, Mental Capacity Act and Safeguarding. This ensures they are aware of the legal requirements of any restrictions which are also overseen by the manager and the RI shown in the reports produced following a Regulation 73 visit.

People can access areas of the home safely. There is seating around the corridor and foyer for people to rest and there are bilingual and pictorial signage in place to help people find areas. Bedroom doors have been painted different colours which helps people to find their room and rooms themselves are personalised with pictures, personal items, and furnishings.

Care and Support

People are supported by care staff who are kind and patient. Staff make time for people, address them with respect and offer empathy when needed. Staff are passionate about their work and told us “*The residents are lovely; I absolutely love it here.*”

Detailed preadmission assessments are carried out by the manager or deputy with the person and where appropriate, their family. Information gathered is reviewed as part of the provider assessment informing the support plans and risk assessments. Documents such as Pen Portrait and Life History give information about peoples past and what is important to them now. Support plans detail how the person wants care to be delivered and there is evidence in review logs that people are involved in reviewing the content of the plans and any changes needed. The service is transferring onto an electronic care planning system.

Records show the manager addresses incidents appropriately by reviewing the information and action taken. Plans and assessments are updated if needed and measures put in place to manage risk but promote independence. One person had a change of mobility need and was offered to move to a ground floor room so they could still mobilise independently.

Care staff know people well, anticipate wants and needs, calls for help are met in a timely way and people are not rushed. Staff have Positive Behavioural Support training and along with detailed support planning work to reduce the use of antipsychotic medications. People experiencing distress responses are supported in a holistic way through objects of comfort and 1:1 meaningful interaction.

Medication is managed effectively, with clear processes in place for ordering, storing and administration. The provider uses an electronic system which supports correct dispensing and aids with auditing processes. Records in personal files show medication is reviewed regularly, and staff identify side effects, seeking advice accordingly.

Environment

Regular audits of the environment are conducted with any actions reported to the maintenance person and if needed outside contractors. Regular servicing of gas safety, electrical wiring and PAT testing is carried out with a schedule of works in place. The service has a Fire Risk Assessment with actions addressed promptly to ensure the safety of everyone using the building. Fire services ensure the safety of equipment and emergency lighting and the setting carry out their own regular fire checks.

Communal areas are arranged so that people can mobilise safely and people's personal belongings such as hobby items, dolls and pictures are accessible making the lounge feel homely. There is a second lounge on the 1st floor which again has access to large print books, games and musical equipment. There is a large dining table which looks out onto a terraced area and the local town. The provider has invested in new blinds, flooring, and bedroom furniture and is auditing the communal seating as it has been identified it does not currently meet the needs of all residents.

The setting benefits from an onsite maintenance person and a housekeeping team, the environment is well maintained and has a very high standard of cleanliness. The first floor requires painting to the landing and bathroom areas, this has been identified by the RI and manager and plans are in place for a schedule of redecoration.

Residents at Wylesfield have access to outdoor terraced areas which have been decorated attractively and have seating for people to be able to sit outside. There are hanging baskets and planters which people help to maintain.

People have access to equipment which supports mobility, and this is stored appropriately, kept clean and serviced in line with guidance. Staff have training to be able to use mobility equipment correctly and we saw safe practice on the day of inspection.

Leadership and Management

The Responsible Individual visits the service on a regular basis and the manager is also supported by a regional manager. The RI produces reports following visits and Quality of Care reports twice a year. Reports are detailed and consider information from internal audits, external inspections and the managers own quality monitoring processes. The manager is supported to identify actions for the service and has additional reassurance from senior management oversight of safeguarding, complaints/concerns, maintenance and legal requirements.

There is an open door policy within the home. People can access the office when needed and both the manager and deputy are involved in service delivery as well as managing the day to day running. Staff tell us there is a good induction process in place and they feel very supported. We observed a very well organised shift where care staff worked together to meet the needs of the residents and there were fun but respectful interactions between staff.

Staff meetings are held on a regular basis where key messages and developments are shared. Staff are able to contribute during these meetings and are also spoken with by the RI during their visits, positive feedback is shared, and staff told us that they speak to the RI and RM when they visit. Recruitment processes are supported by a recruitment department and files have all the necessary information. DBS applications and renewals are completed on time and ensure that people are as safe as they can be.

Staff receive training in several subjects, however at present there is no dementia specific training available. The manager has arranged for training with the local authority and the provider has recruited an internal trainer who specialises in dementia training. Staff are not receiving supervision and appraisal within the required timescale. There has been an increase in the number of staff receiving supervisions however it does not include all staff and is not in line with the regulatory requirements. The provider has assured us that the organisation is implementing a period of annual appraisal at the start of each year for consistency. We have not issued a priority notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action and we will follow this up at the next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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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36	Staff do not receive appropriate supervision and appraisal within the required timescale. Staff do not receive specialist training as appropriate.	New
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