

CARE AND SOCIAL SERVICES INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
CARE HOMES FOR YOUNGER ADULTS**

Coleg Elidyr

Rhandirmwyn
Llandovery
SA20 ONL

DATE OF PUBLICATION – 1 August 2007

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CARE AND SOCIAL SERVICES INSPECTORATE WALES

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Registered provider:	Coleg Elidyr (CCW) Ltd
Registered manager:	Bjarte Haugen – Gwern Pwll, Ty Iori M Haugen – Gardevais, Guest House, Pickwick, Ty Kantele, Ty St Barbe E Nagy – Nant Gwyn and Ty Barnabas D Moyle – Victoria House, Llangadog
Number of places:	55
Category:	Care Home - Younger Adults
Dates of this inspection from:	11 June 2007 to: 16 July 2007
Dates of other relevant contact since last report:	2 registration visits and one follow up visit. 23 November 2006, 8 March 2007, 15 May 2007.
Date of previous report publication:	12 June 2006
Inspected by:	Mary Kersey
Lay assessor:	None

GUIDELINES ON INSPECTION

INTRODUCTION

This report has been compiled following an inspection of the home undertaken by the Care and Social Services Inspectorate Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on the process of inspection and records its outcomes. The report is divided into eight distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the home's compliance with Care Homes (Wales) Regulations 2002 is recorded.

The CSSIW's Inspectors are authorised to enter and inspect care homes at any time. The annual pattern of inspections consists of a minimum of one announced inspection - for which prior information on service users, staffing and other essential information is obtained from the home - and one unannounced inspection, which may be out of normal office hours. Visits are also made to investigate complaints and in response to changes in the home. Inspection enables the CSSIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations, whilst taking into account the National Minimum Standards
- The care home's own statement of purpose

Over a 12 month period inspectors will:

- spend time with service users and seek to engage them in conversation, in private as necessary
- see all of the accommodation used by service users
- talk to the manager and each group of staff
- satisfy themselves that all records are being properly maintained

Readers must be aware that the report is intended to reflect the findings of the inspector on specific inspection visit(s). Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the CSSIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by CSSIW. This includes those made by CSSIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with the CSSIW or with the registered person.

The Care and Social Services Inspectorate Wales is required to make reports on registered facilities available to the public. The report is a public document and will be available on the National Assembly web site:

<http://www.CSSIW.wales.gov.uk>

SUMMARY

Coleg Elidyr (CCW) Ltd was a limited company based on two separate sites. These comprised Victoria House, Llangadog, and Rhandirmwyn, outside Llandovery. Each site had separate management structures under their respective registered managers. Victoria House was one site, Rhandirmwyn site comprised eight homes: Pickwick, Nant Gwyn, Kantele, Ty Barnabas, Gardevais and Guest unit, Ty St Barbe, Ty Iori, and Gwern Pwll. During this inspection episode the sites were inspected as follows: Victoria House on 14 June for a day, Rhandirmwyn over a period of five days 25 – 29 June 2007. The report encompasses both sites.

The inspection was carried out over a period of several weeks and was based on a proportionate approach, in line with the policy of the Care and Social Services Inspectorate Wales. A plan of inspection was developed for each of the two individual sites. These were based on the detailed and comprehensive information provided within the self-assurance documentation by the managers of the individual sites, together with prior knowledge held by CSSIW. The inspection included the announced visits to each site and to each house within the Rhandirmwyn site, a tour of the premises, casetracking of five service users at Victoria House, and one service user from each house on the Rhandirmwyn site (8). The inspector spoke privately to service users, and to staff. An analysis of returned questionnaires was made. Questionnaires were supplied to Rhandirmwyn site: eighteen (18) service users, twenty (20) staff, seven (7) relatives / representatives, and seven (7) other professionals. Victoria House site: six (6) service users, four (4) staff, four (4) relatives / representatives, and three (3) other professionals. Of these the following were returned: Rhandirmwyn site: service users seven (7), staff five (5), relatives/representatives two (2), and other professionals three (3) Victoria House site: service users five (5), staff four (4), relatives / representatives three (3), other professionals none. Responses from staff were particularly noted as well thought through, positive, and raised issues for discussion. The inspector also examined records and documentation within the houses, had a discussion with the registered managers and the house managers, with service users, and staff. Thirty-seven staff files were examined including all staff employed since the last inspection visit.

The areas targeted for particular attention on this inspection were: documentation and records for the service users being case-tracked, house records and documentation, medication storage and administration, staff records and documentation, complaints, and accident records, and the premises.

The inspector gathered the views of service users, staff, relatives, and professionals regarding the provision and quality of care at the home. Emphasis was placed on exploration of the daily living experiences of service users within the care home.

Victoria House was a house in the centre of the village of Llangadog and providing

accommodation for 10 service users. The central location provided the service users with ready access to transport, and community facilities. The house was managed by Mr D Moyle. The responsible individual was Rev Cottam. The residents are referred to as service users throughout this report.

A statement of purpose and information pack were in place giving information to enable a service user to make an informed choice about living at the home. The ethos of the home was open and inclusive with an encouraging management approach emphasising involvement of service users in decision making. Service users were seen to demonstrate skills of independent living at various levels, making decisions and choices.

Assessment processes and risk assessments were made prior to admission with the involvement of service users and their families, and trial periods had been followed by a review to ensure that the placements were agreeable to all concerned. Emergency admissions were not accepted. Care plans provided good information and action plans were in place with clear identification of who was responsible. The care plans of all current service users were seen by the inspector. These were comprehensive, clear, and easy to use. Throughout documentation effort and thought had been given to making documents accessible to service users through format and language. The documents were signed by service users or their representatives. Timetables were in place showing the wide range of activities enjoyed by the service users. Health care appeared satisfactory.

Staffing levels were sufficient for the needs of the service users currently at the home. A robust recruitment process was in place and all appropriate checks were confirmed to have been made. A comprehensive induction programme was in use alongside statutory training and other courses. Staff files for all staff employed since the last inspection were seen and were in order. Supervision needed to be more frequent in order to comply with the regulations.

Good communication systems were in place, informal discussions were said by the registered managers to have taken place throughout the day alongside more formal meetings of staff and service users. Health and safety procedures were in place and the technical checklist had been returned evidencing all checks and maintenance had been carried out. Medication appeared to have been appropriately administered, stored, and recorded.

The home provided a comfortable environment with the single bedrooms personalised to reflect choice and interests. The provision of bathrooms and toilets with the home complied with the requirements of the national minimum standards. The home was clean and hygienic on the day of inspection with comfortable furnishings and fittings.

Service users spoken to during the visit appeared to be enjoying their life at the home, and were enthusiastic about their activities. No complaints had been or were made on the day about the service and care at the home.

Rhandirmwyn was a complex of eight homes in a rural situation outside Llandovery. In addition there was a farm and workshop complex, a shop, and offices. The registered houses were:

Pickwick – registered for 4 persons

Nant Gwyn – registered for 7 persons
Kantele – registered for 4 persons
Ty Barnabas – registered for 3 persons
Gardevais and Guest Unit – registered for 4 + 1 persons
Ty St Barbe – registered for 4 persons
Ty lori – registered for 8 persons
Gwern Pwll – registered for 8 persons.
A new house was in the process of being registered to replace Pickwick and would be for six persons.

The complex had a team of registered managers, assigned to named houses. The newly appointed Head of Care, G Jones was also the nominated responsible individual for the site. Four additional managers were in the process of registration with CSSIW.

The complex had a statement of purpose and student handbook providing comprehensive information for prospective service users with the information they needed to make an informed choice of place to live. Part of the handbook formed the terms and conditions / contract and was signed by the service user. The students are referred to as service users throughout this report.

A sample of service users files was inspected at each house and also the central student records. These contained detailed assessments undertaken prior to admission by social workers, education facilities, and by Coleg Elidyr. Care plans and risk assessments were in place, signed by service users or representatives. Timetables showing activities and learning opportunities were in place and demonstrated the wide range undertaken by service users at the site. Participation was seen to take place in the day to day running of the individual houses, the decision-making regarding meals and other routine domestic tasks, social events, and activities. Regular meetings were held alongside more informal discussions. Finances were dealt with by service users with support from staff. The site was primarily a college with accredited training courses and was also inspected by Ofsted, Estyn, and ALI. Links were established with the local community by means of shopping trips and social functions. Service users return home during the college holidays.

Sufficient staff were employed to ensure adequate support for service users. Where one to one intervention was required this was in place. There was a high turnover of staff with many coming from abroad for a year at a time. The recruitment programme was thorough and appropriate checks had been made in most cases. Some omissions were found during the inspection process and have been documented within the body of the report. Where necessary documents had been translated for the files and for the inspector to read. Staff files for all staff employed since the last inspection were seen and were in order. Staff met during the inspection appeared to have an adequate command of English for the demands of the post.

Communication was good and the houses had systems in place to pass on important or new information to colleagues regarding individual students. Supervision was in place. The inspector was provided with a completed technical check list to evidence compliance with health and safety checks and maintenance of equipment. Medication was appropriately stored, administered, and recorded, with

maximum and minimum temperatures checked and recorded. Some problems with storage have been discussed in more detail within the body of the report.

The houses were individual in nature and provided a comfortable environment for service users. Individual rooms had been personalised to the service users tastes and reflected choices and interests. Sufficient bathrooms and toilets were available to satisfy the national minimum standards. Houses were clean and hygienic with comfortable furnishings and fittings.

Service users were spoken to in every house and they were positive about their experience of the college and about the care they received from staff.

A number of recommendations have been made in the report in compliance with the National Minimum Standards, the Care Homes Regulations (Wales) 2002, the Reform of Regulations (2006), and The Care Standards Act 2000.

CHOICE OF HOME

Inspector's findings:

On both Rhandirmwyn and Victoria House sites

On both sites a clear and comprehensive statement of purpose and service users guide / handbook was in place and this provided good information for prospective service users to make an informed choice concerning the place they were considering living in. A contract was in place which provided the information required by Standard 5.

On both sites the inspector saw a sample or all of the service users files. Documentation was different between the two sites. This was because Rhandirmwyn site was essentially a college, with college terms, and Victoria House was a home where service users lived all year round. Policies and procedures therefore varied between the sites to reflect the settings.

Files were well laid out, easy to use, and comprehensive. In all cases evidence was seen of comprehensive assessments of need completed by social care and health professionals prior to admission, the assessment carried out by Coleg Elidyr, and the funding matrix. Risk assessments were in place with clear action plans and who was responsible for ensuring the plans were carried out. The level of risk was clearly stated. Independent living plans were in place for each service user. In most cases the documentation had been signed by service users or their representative. Where signatures were not in place this was stated to be due to a wait to send the information out to representatives. Medical conditions were well managed with a satisfactory level of information and evidence of training undertaken by supporting staff. Adequate and timely information had been sought from appropriate professionals.

A daily log was in use making notes on information about the day, which needed to be passed on to other staff. Unusual incidents were noted separately. Due to the nature of the sites, with service users interacting with many staff during the day the high level of communication was very important and the college was to be commended for the efforts made in this respect.

Placements were on a trial basis initially and followed by a review. Emergency admissions were not accepted. Advocacy was available to all service users. Funding contracts were in place with a contract and terms and conditions for service users included in the service users guide.

Examination of staff files demonstrated that the staff group held the skills and experience necessary to meet the assessed needs of the service users. It had been noted, in the past, by the inspector that some staff did not have sufficient grasp of English to communicate easily with service users. This was found to be the case on this inspection visit for several of the co-workers however this was offset by the increasing pool of more long term staff. Co-workers brought an added bonus of multi-cultural interaction, and ideas to the lives of service users at the college. In addition English lessons were provided and evidence was seen by the inspector that good progress was made by the co-workers who needed this support.

The care plans, discussion with service users, and with staff evidenced that decisions were made together. Service users controlled finances with support on budgeting and management from staff. Service users had their own accounts and pin cards.

A policy and procedure on restraint was in place. Limitations were agreed at reviews if necessary. A policy and procedure was in place regarding unexplained absences. Service users had mobiles when on trips to enable independence but allow contact with staff as necessary. Confidentiality was respected by staff and was part of the induction process.

Victoria House

On this site the manager had devised an information pack containing the statement of purpose, service users guide, brochure, terms and conditions, admissions procedures, residents details, last inspection report and agreement. This format gathered together the information needed for a choice to be made by prospective service users in one place and was commended by the inspector. The standard of documentation was particularly high, being well assembled and laid out, and therefore easy to use. Trial visits were well documented.

Staffing at Victoria House had continuity and services users were well known to staff and staff to service users. There had been no new service users for sometime at the home apart from the two service users who had moved back to Victoria House from Bran Yard (when this home closed). The service users all knew each other well.

Rhandirmwyn

A robust entry assessment was in place with a satisfactory level of information on all aspects of need, including specialist needs i.e. epilepsy and other conditions. A trial visit was made, and it had now been established that no prospective service users under the age of 18 years visited on trial. A review took place at one month and at three months into the placement.

The inspector noted the use of the personal log book. The log used at the Rhandirmwyn site had also been revised since the last inspection visit and now included sections for health and risk. This was particularly relevant on this site as service users moved between different areas of the site, and had interaction with various staff during the day. and record of work done towards achievement of tasks / goals. This was stated to have provided continuity of work, which then aided service users in achieving their targets.

Not all care plans, risk assessments, and reviews were signed and not all notes of review meetings were signed. The inspector acknowledged that there was sufficient evidence within individual files to show that service users were usually consulted and involved in discussions and has therefore made recommendations rather than requirements, but signatures on these particular documents would provide firm evidence in respect of these particular discussions.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

It is recommended that service users signatures on assessments, care plans, and reviews on the **Rhandirmwyn site** be sought to ensure that it is documented clearly that they both were consulted, and agreed with the contents.

INDIVIDUAL NEEDS AND CHOICES

Inspector's findings:

On both Rhandirmwyn and Victoria House sites

Care plans /funding matrices were devised and agreed as part of the funding agreement between Coleg Elidyr and placing authorities. These were then used as the basis for day to day care plans / independent living plans, risk assessments, and action plans. These files included action plans, daily logs, and reports. Photographs of each service user were on their files. Unusual incidents were reported separate and provided information for Regulation 38 forms where indicated.

In most files sampled by the inspector documentation had been signed by service users or a representative. Where signatures were not in place it was stated that this was because the forms were being sent to representatives. The files appeared to show a good level of involvement in decision making by service users. Limitations to service users rights were made through the assessment process and agreed by all parties.

On all sites service users handled their own finances with budgetary advice and support from staff. Cards and pin numbers were in use to withdraw money. Systems of financial records were good.

Service users' files and daily logs, and the observations of the inspector on the day of inspection evidenced a high level of participation and decision making in the day to day running of the houses. Social events and activities were recorded. House meetings were held and minutes were seen.

Risk assessments were seen and evidenced risk taking as part of development of independent living skills. There was a written policy on unexplained absences with appropriate information on the procedure to follow. Records were kept securely and confidentially on all sites.

Victoria House

There had been no new service users since the last inspection visit. The last new service user took up residence in 1999 and the group in the home had lived together for some years. Two service users had moved back to Victoria House on the closure of Bran Yard. They were well known to both other service users and to staff. Although technically they had just taken up residence in Victoria House, they had been part of the home for some years. A new assessment would not have been appropriate.

The care plans were particularly noted to include identification of potential abilities with what action was necessary to enhance this, how this was to be carried out, and by who.

Involvement in the care plan by service users, staff, social workers, and relatives was well evidenced. Clear risk assessments were in place. Monitoring took place regularly in compliance with legislation.

Rhandirmwyn

Care plans were consistent with the needs assessment, signatures evidenced consultation and agreement. An annual review of the care plan was carried out in consultation with the service users, family, social worker, and the manager of the house. Interim house reviews were undertaken on a regular basis. On this site important

information was passed between members of staff by means of an important information sheet which was signed by each person as seen. This facilitated the dissemination of information to the various work areas of the site.

Unusual occurrences were fully documented even when a regulation 38 notice was not required. All appeared to have been dealt with appropriately.

Choice, participation, and respect had been evidenced in documentation and observed by the inspector during the visit.

During the visit discussion took place with staff and service users, it was mentioned that it was difficult to maintain a balance between respect for parental views and enabling choice for service users, that sometimes these points of view did not agree. It was felt that sometimes undue weight was given to parental views in these situations. The difficulty in getting the balance right between college educational studies and independent living skills was also raised. The inspector found it encouraging that issues such as these were being raised and discussed freely on the site, showing that the quality of care was being regularly challenged in a positive manner.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

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LIFESTYLE

Inspector's findings:

On both Rhandirmwyn and Victoria House sites

Within Coleg Elidyr there had been many opportunities for personal development through independent living skills, further education, and training courses. Service users had been able to engage in craftwork, agriculture, forestry, gardening, and, outside the site, courses had been undertaken at Ammanford College. Links with the local community were established by shopping trips, and social functions.

Service users participated to various levels in the domestic routines of the houses. They were supported in partaking of their civil rights by voting and being politically active. Previous hobbies and interests were supported and these were evidenced in individual bedrooms and around the houses.

Staff supported service users to maintain relationships with family and friends. Regular parent weekends were held providing the opportunity to spend time together and for parents to see the work their children were producing and the achievements they were reaching.

Policies and procedures were in place to inform staff and service users of the advice and guidance available to support service users. Development of policies and procedures was an ongoing part of development for the organisation.

On all sites service users were seen to treat service users with respect and dignity. Staff did not enter individual rooms without permission. On the inspection visit service users were asked if the inspector might see their rooms and, in most cases, the service user showed the inspector the room themselves.

Service users displayed confidence in themselves, and clearly expected respect from staff at all times. This demonstrated to the inspector the ethos of both sites, respect for service users dignity, privacy, and self choice.

The inspector was present at mealtimes at all sites. In each case the service users were seen to be offered a good diet. Meals served on the day were seen to be well presented and appetising. Meals were taken as a family and a lively discussion took place at the table. Diets were accommodated and also choices such as vegetarian. Service users participated in shopping, cooking, and clearing up according to individual abilities.

Relationships appeared to be sensitively handled with discreet information given between staff by way of incident reports where further advice and information might have been necessary for the care of the service users concerned. Links had been maintained with the community nurse for confidential advice.

Victoria House

Service users assisted with the setting up of a coffee shop in the village. They also had made preserves for sale there and at Farmers markets locally. Skills in weaving were developed and the resulting handiwork was available for sale.

The service users were all self-caring but required prompting. There was a rule about no smoking in the house and alcohol at parties was monitored. Contact with the house dog

and cat were enjoyed.

The inspector particularly enjoyed reading the students questionnaires, showing their diverse interest and their opinions. They were all very positive about their lifestyle at Victoria House. Families also responded with positive comments. Personal relationships were well supported at the home.

The daily log evidenced movement between the two sites as Rhandirmwyn provided specific opportunities such as woodwork and also students have friends on the other site. The descriptions of lifeskills were easy to read, enjoyable, giving a clear picture of their lives. Action plans were in place to develop life skills. Music lessons are enjoyed with service users playing the cello, and the piano.

Rhandirmwyn

The primary function of the Rhandirmwyn site was that of a college providing accredited training courses. Estyn also inspected the site. Various leisure activities were also available on site such as the youth club, also video nights. Group trips were planned and agreed by service users. All service users returned to their home during the holidays.

During the visit the inspector shared a meal with service users and observed choice, good food provision – well prepared and attractive, nutritious, and tasty. The inspector observed, during the visit, service users being consulted regarding their likes and dislikes, choices, and activities. Service users spoken to stated that they were happy with their lives at the home. One described his life as having a job and enjoying doing it. He worked in the forestry, on the farm, and in the garden. The programme of activities was varied and arranged individually. Some students went to the nearby college to undertake further studies and also to reinforce skills in life and independent living.

Arrangements were made for service users to vote in the last elections and this was provided within a programme to enable understanding of the process and the issues. Local politicians visited to speak to the service users and every effort was made to enable service users to vote in a knowledgeable manner.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

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PERSONAL AND HEALTHCARE SUPPORT

Inspector's findings:

On both Rhandirmwyn and Victoria House sites

Service users on both sites had varying levels of need concerning personal care. Some were almost fully independent or had a wide range of independent living skills, others required a considerable amount of support either through encouragement, one to one work, or personal hands on care. Coleg Elidyr required staff to provide this support and care in a sensitive manner and respecting individual choice, dignity, and privacy. This was enshrined within the policies and procedures in place, and in the ethos of the college. Nursing care was not provided. Individuals who had particular medical conditions such as epilepsy or diabetes were assessed on the basis on information provided by health professionals, social workers, and families as to whether the management and staff could provide the level of support and care necessary.

Health care provision was documented in the logs and care plans and appeared good. Service users were registered with local GP practices and specialist support is obtained as required. Since the last inspection there had been a marked improvement in the information available regarding medical conditions, in interaction with other professionals and the documentation of this, and in drawing up appropriate action and recording plans to ensure that service users conditions were well supervised. This documentation was now satisfactory. Transport and support was provided to attend hospital appointments.

Arrangements for the storage, recording and administration of medication was inspected in all houses on all sites and found to be satisfactory on the whole. There were particular problems on the Rhandirmwyn site (see below).

Ageing and death had been discussed with managers and houseparents. This would be an item for future training events.

Victoria House

All staff involved in the administration of medication had been trained in the use of the NOMAD system with signatures of the persons administering medicines recorded. One service user was self-medicating and a risk assessment was in place. The medication had been audited weekly. A clear audit trail was in place. Medication was stored in a locked cupboard with hand washing facilities near by. Records were kept of the temperature of the storage area and this was satisfactory.

Service users were in general good health. Hearing tests, blood tests, and check-ups had been attended and were appropriately documented. The local GP surgery provided good support according to the registered manager. One service user had cataracts in addition to hearing difficulties. These conditions appeared to have been appropriately monitored with access to specialist advice. Family dentists generally undertook dental care on visits home.

A risk assessment was in place regarding scalding as no thermostatic valves were in place. This was because Victoria House felt that service users needed to know how to use taps correctly.

Rhandirmwyn

Medication storage, records, policies and procedures, and medication were examined at each house on the site. Records were up to date. All houses had a maximum / minimum thermometer in place, with records of the temperatures daily. The inspector noted that, in all houses on the site, temperatures had reached 25C or above on several occasions. Some houses had taken the action of moving the medication to the fridge on hot days. Advice was sought from the pharmacy inspector by the inspector. The head of care, Glenys Jones, was advised that alternative storage must be found for medication before the temperature rose again to 25C in any house. Medication must not be stored in the fridge. Before the end of the inspection visit advice was being sought on alternative storage facilities. For this reason a recommendation has been made rather than a requirement. Many service users on the site were taking homeopathic medicines prescribed by the anthroposophical doctor.

Supervision of epilepsy was satisfactory and the incidence of fits was well recorded with appropriate actions taken. Good accident records were kept and filed in service users files. Appropriate risk assessments were in place. No issues regarding fire safety or environmental health were identified. A regular audit of accidents was recommended as a quality development.

It was well documented within the files that advice was sought from specialists and other professionals where needed, with action plans requested and provided. Unusual occurrences including fits were well documented. There was evidence that an error in medication was quickly identified, advice sought, and appropriate action taken to avoid future similar incidents. This demonstrated to the inspector that the procedures were robust. The inspector noted that considerable development had taken place in this area of care since the previous inspection visit.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

It is recommended that management on the **Rhandirmwyn site** carry out an audit of accidents annually as part of the quality assurance system to identify any trends and possible preventative actions.

It is recommended that action be taken by management on the **Rhandirmwyn site (in each house)** to ensure that medication is stored at a suitable temperature in suitable facilities. Advice should be sought promptly from the supplying pharmacist if the storage area temperature rises above 25C.

STAFFING

Inspector's findings:

On both Rhandirmwyn and Victoria House sites

Job descriptions were in place for all members of staff at Coleg Elidyr. A system where staff signed a record was used to ensure that staff had read and understood policies and procedures. Examination of staffing records and discussion with senior staff confirmed that staff were competent to meet the assessed needs of service users. The college had not used agency staff on any sites.

The majority of co-workers were recruited from overseas by word of mouth or the internet. The process by which recruitment proceeded following the initial contact was thorough and included the translation of documents into English. Appropriate checks were done in most cases. As many recruits had recently completed school or college references were not always as complete regarding work skills. References were also relatively lightweight in information about relevant skills to the posts. However most applications contained comprehensive histories and the interview appeared thorough.

The inspector drew the attention of the management to the need for a schedule of CRB renewals where the current ones were more than three years old.

During this inspection no staff were found to be working in an unsupported situation without sufficient command of English to enable communication with service users. Staff were observed, on all sites, to have a relaxed attitude and communication with service users who clearly felt comfortable with them.

Members of staff had individual training and development plans. Evidence was seen of statutory training and other courses relevant to the service users care and support. All staff undergo a comprehensive induction training and evidence of this was seen in individual files. Coleg Elidyr achieved 50% of staff either undertaking or completed NVQ Level 2 or above this year. Given the high staff changes this was particularly impressive and demonstrated the commitment of the provider and staff to training.

A programme of supervision and appraisal was underway and evidence of this was seen in staff files. The level of staffing on all sites was dependent on the care plan requirements, there was a good gender mix and service users had some choice in who they worked with. Personal care was provided by gender appropriate workers.

Victoria House

There had been two new staff members since the last inspection visit at this site. The files were examined and were in order with all appropriate checks undertaken. Supervision was in place at regular intervals and appraisals had taken place. However supervision tended to be four monthly rather than two monthly, and attention needed to be paid to tightening this up. No requirement has been made as regular supervision does take place and was seen to be satisfactory apart from the timing. Taking a proportionate approach a requirement was not thought to be necessary in this instance. In some instances staff had started prior to receipt of CRB clearances. The manager stated that, in these circumstances, staff would work under supervision until the CRB was received. The inspector discussed the need for CRB's to be in place prior to commencement of employment unless there was insufficient staff available to run the home.

Regular co-workers meetings took place. NVQ training was well evidenced. CRB renewals were due for six members of staff and the inspector drew the managers attention to this.

Rhandirmwyn

Thirty seven staff files were seen for new staff since the last inspection visit. Staff records were well kept and easy to read and use. They appeared accurate. The inspector noted that there was a need to state clearly in the files the actual start date rather than the date that workers arrived on the site. This was particularly important regarding workers from abroad as there was a need to evidence that no worker started work unsupervised until a satisfactory CRB check had been received.

Although language continues to be inadequate in some cases English lessons are provided to staff and the inspector did not find that this impacted on the care of service users. Some of the reasons given by co-workers for coming to work at the college appeared to be more about their needs than the needs of service users, however discussion with service users on the site evidenced a positive attitude towards co-workers, with their input being valued.

Within the files examined the inspector noted that not all files held a full employment history, some did not have two references and one had no references, one had only old references from a previous employment at the college, one had only one reference, one reference (in another file) was from a school friend which was not considered suitable, one held only references from Coleg Elidyr again not sufficient. Lack of this was, however, an exception and not the norm with most forms being well completed.

CRB checks were on the whole being carried out promptly (completed within one month) following arrival of workers from abroad, and all had police checks from their own country. There was a need to evidence that no worker worked unsupervised prior to receiving a satisfactory CRB check. Where the worker is from the UK the CRB must be in place prior to the commencement of employment, in one case the inspector found that employment had commenced in August with the CRB not received until October. This was unacceptable and must not occur again. A requirement has not been made as police checks were in place and management informed the inspector that, prior to a CRB check being received, workers were supervised at all times.

The inspector discussed with the management the need to tighten up the recruitment process by ensuring that a full employment history following the completion of formal education was given on all application forms, that two written references from suitable sources was essential, that applicants from the UK must have received a satisfactory CRB check prior to the commencement of employment, and that applicants from abroad must provide a satisfactory police check from their own country followed by a satisfactory CRB check as soon as possible after arrival and not work unsupervised until this is received. The inspector has made recommendations rather than requirements in these cases as they have been the exceptions rather than the rule in what was, on the whole, a robust recruitment process.

Supervision and appraisals records were seen and the inspector noted that there had been some slippage from the previous, well maintained, two-monthly cycle. The head of care had only recently taken up post and informed the inspector that she would ensure that this returned to the two-monthly schedule, therefore no requirement has been made in this report. The documented supervision and appraisals sessions appeared thorough

and comprehensive, with training needs identified.

Staff appeared competent. There was a record of ongoing training. Most staff files evidenced training in First Aid, Food Hygiene, health and safety, and physical intervention. Some staff had undertaken more specialist training. This was also evidenced in conversation. Examples were, training in knowledge of epilepsy and diabetes, discussing sexual knowledge with service users, dealing with challenging behaviours. It was clear that Coleg Elidyr took training seriously. The self-assessment document demonstrated that compliance with the requirement for 50% training in NVQ Level 2 was satisfactory, which given the high turnover in staff, was very good.

Staff, as part of their duties, both prepared food and assisted service users to prepare food. This was observed and seen to be done in an empowering manner. Food was prepared well, presented attractively, and was nutritious and tasty. Meal times were observed to be friendly and offered an opportunity for conversation. Staff shared meals with service users.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

The management on the **Rhandirmwyn** site should ensure that no staff member commences work unsupervised prior to receiving a satisfactory CRB clearance.

The registered manager of **each house and on both sites** should ensure that supervision takes place on or not less frequently than every two months and that this is recorded.

The management on the **Rhandirmwyn site** should ensure that all references provided are from suitable referees and that a full employment history is available on each application.

It is recommended that on **both sites** a regular schedule of CRB renewals is set up by management to ensure that these are renewed in the required three yearly timescales.

It is recommended that management on **both sites** state the start date of employment clearly in each staff files to evidence that this date is not prior to the CRB being received.

CONDUCT AND MANAGEMENT OF THE HOME

Inspector's findings:

Currently there was one registered manager at Victoria House, and three registered managers at the Rhandirmwyn site. Four additional managers, for Rhandirmwyn site houses, were going through the registration process. The registered managers in all cases were qualified, competent and experienced to manage the houses and meet the stated aims and objectives of Coleg Elidyr. Victoria House had a responsible individual in place and the inspector viewed his reports. There was a newly appointed responsible individual for the Rhandirmwyn site. Management on all sites were observed to be open and inclusive. Staff and service users were encouraged to voice concerns and be involved in decision making. Formal and informal meetings were held alongside informal discussions.

Quality monitoring was carried out by means of questionnaires, feedback at meetings, and daily comments by service users. Feedback was sought from relatives/representatives. There was no current formal procedure for reviewing the quality of care but the inspector was informed that this was under development. There was satisfactory evidence that quality of care was continually reviewed on an informal basis. Policies were updated in response to legislation, good practice, and advice. Where a responsible individual was in post regular written reports had been received following a minimum of three monthly visits. There were a number of policies and procedures not yet in place which were under development and these were stated in the self-assessment document including a recruitment policy, supervision policy, and a procedure for dealing with physical aggression towards staff. However there was adequate information on behaviour management and a policy on the use of physical restraint.

Staff had to sign to indicate they had read policies and procedures and a complete policy file was held at each house and on each site.

Records on all sites were observed to be maintained in secure manner and confidentially. Records of service users were up to date and accurate. The policy regarding access to records had been updated since the last inspection visit.

Pre inspection documentation and completed technical checklists indicated that the required checks and maintenance had been carried out appropriately. Training in moving and handling, first aid and food hygiene had been carried out.

The accident records were checked in each house and on each site and found to be completed appropriately.

Appropriate insurance cover was stated to be in place. The certificate of registration was displayed in each place.

Victoria House

The registered manager had completed management training, and the Internal Verifiers Award. Additionally he held the Registered Managers Award (NVQ level 4) and the assessors award. Additional training this year had been in epilepsy, and in challenging behaviour.

The reports of the responsible individual for the site were seen by the inspector and were found to be informative and insightful.

Rhandirmwyn

There were three registered managers at this site. Two had held NVQ Level 4 for some time and one had recently achieved the award and was congratulated on this. A new head of care / responsible individual was in post. Four additional managers were going through the registration process. There was a move by management towards ensuring that house managers were trained to NVQ Level 4 in order to prepare them to apply for registration with CSIW.

The certificate and conditions of registration were discussed. It was acknowledged that changes needed to be made to the conditions of registration to ensure that these accurately reflect the current situation at the home. The inspector would revise the certificates and provide new ones to the management.

Quality assurance systems were discussed with the head of care. The self- assessment document had been returned to CSSIW in a timely manner. This evidenced financial viability and insurance. Responsible individual visits were discussed. The current RI had only just commenced employment. Regulation 38 notices had been returned where needed. These incidents appeared to have been dealt with appropriately. In one case it had been found that the college could not meet the needs of one service user and he had returned home for a more suitable placement to be identified.

Staff evidenced a positive attitude towards the conduct of the college both in conversation and in the returned questionnaires.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

It is recommended that the management continue to develop a formal procedure to review the quality of care at Coleg Elidyr.

CONCERNS, COMPLAINTS AND PROTECTION

Inspector's findings:

A comprehensive complaint procedure was made available to service users and relatives. During examination of the complaint record in each house and on each site it was clear that staff were recording and responding to concerns raised by service users and that service users felt confident in raising concerns.

An advocacy scheme was available to service users should they wish to use it.

Copies of the Carmarthenshire county Council policy on the Protection of Vulnerable Adults was available in each house and on each site and staff receive training on issues regarding abuse.

Victoria House

The complaints book was seen and was appropriately kept. No complaints had been received concerning this site. There had been no adult protection investigations over the past inspection year.

Rhandirmwyn

The complaint record books for each house were examined. No complaints had been made in these. During the last inspection year one complaint to CSSIW had been satisfactorily resolved. No adult protection issues had been identified to CSSIW. One issue which required discussion with CSSIW and adult protection was raised with the organisations in an appropriate manner and the management was found to have dealt with the matter in a satisfactory way. No outstanding issues remained.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

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ENVIRONMENT

Inspector's findings:

Victoria House

Victoria House was a comfortable house in the centre of Llangadog village and providing good access to local services, transport, and the local community. Service users were generally self-caring and independent with appropriate prompting, supervision, and advice provided by the staff. The service users appeared to take a pride in the home, personalising their own rooms and generally partaking in the daily routines of the house. One service user enjoyed making preserves which were then sold in local farmers markets and at the coffee shop. No adaptations were necessary within the house.

The main house provided accommodation to five service users and the separate annex provided a further five bedrooms and staff accommodation. All service user rooms were now single. Over the past year two new bedrooms have been added alongside updating the kitchen and sitting room in the annexe and also the bathroom / toilet downstairs. The standard of maintenance, decoration, furniture and fittings was good. A feature of the main house was the large combined kitchen / dining room, a large lounge, and a small room with IT equipment. One area was devoted to games. Sufficient bathrooms and toilets were in place. The house had a separate laundry. Policies and procedures on infection control were in place.

The providers might consider reviewing the arrangements for staff who are not resident by providing lockers or secure areas for them to leave belongings.

Rhandirmwyn

Each house provided a comfortable homely environment, with each being distinctly different. Furnishings and fittings were of good quality and domestic in character.

Registration was for:

Ty lori – 8

Nant Gwyn – 7

Gardevais and Guest unit – 4 + 1

Gwern Pwll – 8

Pickwick – 4

Ty Barnabas – 3

Kantele – 4

Ty St Barbe - currently unoccupied but registered for 4

All service users had a single room. A new build (currently underway) was to upgrade the accommodation and replace rooms that do not currently meet the space requirements. Bedrooms seen during the inspection visit were seen to be clean and appropriately furnished and showing evidence of personal choices and interests. Guest unit is to be de-registered once the current service user leaves the site. Once the first new house is completed (Ty Rhieni) Pickwick will be demolished to provide the site for the next new house. Service users will move to Ty St Barbe, and one room in Ty lori is to be de registered. Overall numbers on the site will not change over the next inspection year. The inspector requested that a statement on the redistribution of service users on the site be provided to CSSIW detailing the beds to be used in each house once Ty Rhieni has been approved for registration. This is expected to take place before the autumn term commences at the college.

A number of rooms were below the requirement of 9.3 sq. m (Gardevais (4), Guest unit (1), Pickwick (4), Kantele (4), Ty St Barbe (3) (measurements provided by registered manager)) but are to be phased out and replaced by new build accommodation that will meet the requirements of the standards.

Many rooms throughout the houses did not have wash hand basins but facilities were near to the rooms. In Gwern Pwll the newer rooms had vanity units.

Service users who, following a risk assessment, were deemed appropriate to hold a key to their room had been provided with one.

Each house had shared space such as kitchen, dining area, and sitting room. Kitchen areas were seen but not inspected in detail on this visit. There were extensive grounds and additional buildings such as a shop, workshop areas, and a youth club on the site. There was also a farm on site.

Each house was observed to be clean and hygienic. Laundry facilities were in place and adequate. There was a policy on infection control.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

Management on the **Rhandirmwyn site** are requested to provide CSSIW with a statement on the redistribution of service users on the site following approval of the new build for registration.