



## Inspection Report on

**Amberleigh Care - Golfa Hall**

**AMBERLEIGH CARE - GOLFA HALL  
WELSHPOOL**

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## **Description of the service**

Golfa Hall is a children's home provided by Amberleigh Care Ltd. The manager, who is registered with Social Care Wales, is Anthony Parry. There is a responsible individual for the service. The home is accredited as a therapeutic community and provides specialised therapeutic assessment and care for up to 12 young people.

## **Summary of our findings**

### **1. Overall assessment**

Young people receive care which is person centred and based on their individual needs. Admission processes are thorough and young people receive comprehensive therapeutic assessment and support, care and education. The service operates well to promote young people's health and well-being and to keep them safe. Young people have good relationships with staff, feel listened to and safe.

The management and leadership of the home are strong, their roles are well defined and staff are well motivated, appropriately supervised and trained. Quality assurance systems operate well and the registered persons set standards to provide a high quality of care.

### **2. Improvements**

Recommendations made at the last inspection have been acted upon.  
The home has become accredited as a therapeutic community.

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

We did not identify any areas that were not compliant with regulations during this inspection and no recommendations have been made.

# 1. Well-being

## Summary

Young people are settled and comfortable at Golfa Hall. Staff know them well and give consistent care that promotes the young people's health and wellbeing. There is a clear focus on keeping young people safe. Young people have various opportunities to voice their wishes, feelings and concerns. They are able to take part in various activities which help them to keep as fit and healthy as possible.

## Our findings

Young people are safe and protected from abuse, bullying, neglect and exploitation. We spoke with three of the 10 young people who lived at Golfa Hall and together with our observations of interactions between young people and members of staff, concluded that they were safe and felt safe at the home. We observed a community meeting during which a young person gave a presentation to the other young people and staff on their research about what characterised bullying and its potential impact on other people. The openness of the community living meant that young people were encouraged to develop some insight into their own interactions, their likely impact on others and to take personal responsibility for them. Young people had also been encouraged to make choices about what incentive they would work towards and what their consequence should be if a sanction was agreed as being necessary. At the meeting, staff explained to the young people that a young person may be feeling uncertain as they were going to visit a potential new placement and that another young person had received some news that also would be making them think about their future. When any issues had arisen and young people had not felt safe this had been dealt with promptly and appropriately by managers, together with young people being reassured that staff worked to keep the safe. The provider and staff had a clear understanding and effective practice in relation to safeguarding young people including the disclosure of abuse and the impact of this on a young person's development and behaviour. We saw that young people were safeguarded by regular visits by their social workers and were visited by their independent reviewing officers (IRO) as part of their looked after children (LAC) review. We read within LAC review documents that social workers and IRO's were happy with the placements and feedback was positive. The manager and staff were appropriately ambitious in caring for the young people therapeutically in the home and promoting their well-being. Young people can be assured that staff are committed to their care and to keeping them safe.

The education of young people is promoted. The on-site school provided the young people with a varied and full curriculum and class sizes were small. To avoid long periods without school, the term times did not follow the normal pattern, offering more one week breaks and no long break in the summer. We visited during a week when the young people were not in school and they had a more relaxed routine but were busy with activities. We saw that an admission contract was on file for each young person so it had been clearly defined for them what was expected of them in relation to their education. The contract had been signed by the young person, and representatives of the school and therapy team. All of the young people were attending education, either in the school or at local colleges. As in the home, planning for the young people was person centred and we saw that there had been positive planning for college attendance and the individual arrangements for support and

supervision of the young people during the college day. School reports were on the young people's files as were their personal and individual education plans. The young people told us they had been busy in school and college. There was evidence of their work and progress and staff had supported them both in school and with any projects or homework and for example reading at home. It was recorded that one young person's reading age had increased by two and a half years since their admission to the school. This demonstrates young people are supported to achieve in school and are able to learn and develop to their full potential.

Young people have a voice in the home and the arrangements for the key worker to spend time and work with a young person are well thought out and effective. Young people have daily opportunities to talk with their staff and we saw that they did this. They felt valued because they experienced responsive care where their verbal and non-verbal communication was listened to and acted on. We read that advice had been given to staff about how they might encourage a young person to talk about how they were feeling by offering suggestions about what staff thought the problem might be which opened up the opportunities for the young person to talk. We spoke to young people who told us that staff were available if they wanted to talk and that they felt listened to. Community meetings for all the young people together were held twice a day and additional meetings were held twice a week. Young people also had regular sessions with their key workers; these were both planned and unplanned with discussions that related to the individual and linked to the targets of their placement. The conversations had considered different aspects of the young person's life including their health and well-being, relationships with other young people, their self-confidence in relation to their personal safety and practical issues such as changing bedrooms and opening a bank account. The range of issues and aspects of the young person's life covered represented a meaningful way of reflecting and recording the life of the young person and their successes and challenges on a regular basis. We read that a young person responded better to informal key worker sessions rather than formal ones so this had been capitalised upon to get the best outcome for the young person. We saw that staff had given praise where possible and commented honestly, where encouragement was needed. We saw that an independent advocate had been arranged for young people when a need was identified and this provided them with another platform to communicate their voice, wishes and feelings. This shows young people are engaged in making decisions about the day to day running of the home and are fully involved in making decisions about the care they receive and the way they spend their time.

Young people are supported to be active and have fun while at Golfa Hall. The young people did some activities together as well as individually and a football team of young people and staff played regularly in a local league. We saw young people had been fishing, crabbing, go-karting, swimming and mountain biking; they played musical instruments, snooker and chess and had been to the cinema and theme parks. They helped in the garden and tended the home's chickens. They told us they also liked playing Xbox or PlayStation games and watching films and television. They said there were limits on the times allowed for electronic games to ensure that they also engaged in more physically active experiences. Young people are being encouraged to be creative, to follow their interests, and experience a sense of achievement.

Young people receive nurturing care and guidance. Each young person had a clear plan for their week so they knew what they would be doing and with whom. This had helped to maintain boundaries and reassured the young people who benefitted from structure in their

lives. Staff were aware of the things that were important to the young people, triggers for what might upset them and strategies that might help them when they were upset. We also saw that staff had considered potential practical tools and techniques for avoiding escalation or supporting de-escalation in behaviour. A young person had written how they would be best supported with their behaviour, for example, for staff to be 'up front and honest with me', calm me down quickly' and 'reassure me that everything is going to be OK'. We also read that a young person had been given opportunities to build their self-esteem and that staff had recognised the need to increase their ability to understand and express their feelings. This illustrates that the well-being of young people is central to the care provided and that they feel valued because they experience thoughtful and responsive care that recognises their needs.

## **2. Care and Development**

### **Summary**

Young people living at Golfa Hall are well cared for and supported. They have good relationships with members of staff. All staff receive the relevant training to meet the needs and support the young people to behave positively and achieve good outcomes. Young people's risk assessments and the levels of supervision by staff ensure they are kept safe within the home and the community. Young people are actively involved in planning for and reviewing their care. Although the language of the service is English they have some opportunities to learn and speak Welsh.

### **Our findings**

The information obtained prior to placement and recorded during placements supports the individualised care and support of the young people. Young people had assessments and reviews that identified areas of strength and progress. Placement plans and risk management plans were in place. Individual risks had been identified with details of the safe working practices required in order to manage risk and support and keep the young people and others safe. We saw that risk assessments were reviewed regularly and updated if there was a change in the level of risk identified or if a new risk arose. All members of staff were required to read and sign the assessments and other relevant documents to confirm they had understood the risks and what was required of them. There had been board review meetings held every three months with the responsible individual, the home's manager, education staff and therapists to consider each young person's progress in their placement, their emotional and physical health, education and social needs. This had allowed for discussion to consider risk management and how the placement was progressing in the context of the overall plans for their care. The Good Lives Model of therapy and care was fully embedded in the service and the communication and information sharing between care, therapy and education staff resulted in consistency of approach and responses to young people's behaviours. In their placement plans young people were part of the consideration of 'how am I doing?' This was illustrated with traffic light colour coding red – 'work in progress', amber – 'getting there' and green – 'success!'. Young people were working towards positive outcomes because the home worked proactively and positively to consider how care was provided. Young people's best interests were understood and promoted and the home worked cooperatively with other agencies and professionals. The young people's independence was maximised by positive and planned risk taking. Young people's risks are monitored and managed and there are safe working practices for staff to implement.

Young people's holistic health needs are kept under review and they are encouraged to lead a healthy lifestyle. Young people were registered with primary health care services and supported to access these. Records showed any appointments with health professionals, together with any internal therapeutic input and relevant external therapy appointments. We saw that arrangements for the storage and handling of medication were appropriate. Records of medicines administered were clear and showed that when an error had occurred, immediate action had been taken to investigate the circumstances and advice and refresher training had been given to staff. As part of ensuring the awareness of young people about keeping healthy records showed they had been asked questions about healthy eating, exercise and physical activity. Young people were encouraged to eat

healthily and fresh produce was available to support this. The young people had worked with therapists and care staff to contribute to the formulation of their individual Good Lives plan and to tracking where they were in relation to the goals of the Good Lives therapeutic model. Young people's plans identified how their short, medium and long-term goals would be achieved and how their emotional needs would be met. The Amberleigh in house therapy team worked closely with the care staff as part of the therapeutic community and we saw a therapist attended the community meeting, asked some young people to meet with them during the day and offered any other young people an opportunity to speak to them if they wanted to. Young people were dealing with different issues in their lives and for two young people there were discussions about moves towards more independence and their next placement. We observed a young person being given an explanation of a potential next placement and with the use of maps being helped to understand where it was in relation to Golfa Hall and where their family lived. This shows that young people are offered effective emotional, physical, psychological and therapeutic help. They are encouraged to keep well, and maximise their emotional and physical health.

Young people are able to develop their abilities to be more independent with self-care and life skills. As part of preparation for moving on to more independent living and ensuring that they had sufficient skills to manage on their own, some young people had an agreed plan for how much of their own budgeting, cooking and shopping they were responsible for. We were able to see they were expected to plan and shop and that they were supported by staff to ensure their individual meal plan was balanced and appropriate. A young person told us they had a full budget and had been able to save some money as well as eat well. We saw young people had regularly completed personal and household tasks, for example, making their own packed lunches, doing their laundry and cleaning their bedroom. This demonstrates that young people are encouraged to do things for themselves and are supported to develop the understanding and skills for looking after themselves.

In line with agreed plans for their care, young people are supported to maintain contact with their families and other significant people in their lives. We saw that arrangements for a young person to maintain or re-establish contact with and visits to their family had been discussed. Arrangements were clear with working agreements for contact with specified family members. The agreements were set up to be clear about the expectations for all parties and it had been considered how best to support the young person and their wishes and for it to be a positive experience for all concerned. The records written by staff of the family visits were reflective and included their observations and conversations with the young people after the meeting. Young people experience enhanced well-being because their needs for maintaining family relationships are understood and catered for.

### **3. Environment**

#### **Summary**

The home is suitable to care for young people and the premises are kept safe and well maintained. The home was formerly a hotel and is spacious and set in its own extensive eight acre grounds. There is space indoors and out for young people to play, relax and do activities. The home is located in a rural area a few miles from the town of Welshpool.

#### **Our findings**

The home provides sufficiently spacious, comfortable, clean and well maintained accommodation. Golfa Hall was comprised of a large detached house. Within the house, there were two living groups for the young people each with their own kitchen and laundry areas although the living rooms and dining room were communal spaces. The young people had personalised their bedrooms with their choices of paint colours and wallpaper, pictures and posters. There was space for the storage of their belongings and it was evident that their rooms reflected their personalities and individual choices. The doors of the young people's bedrooms had alarms that were activated during the day and at night in line with the individual care planning decisions for each young person. This allowed staff to be aware of young people's movements so that staff could respond to the young people and reassure themselves that all was well. The arrangements for the use of the door alarms were kept under regular review. The home had additional rooms for staff to sleep in overnight and ground floor office space. Waking night staff were also employed to support the care of the young people overnight. The home's school and therapy suite were on the same site. The garden, a wooded area and a field behind the home offered a variety of environments for the young people. The young people with the support of staff looked after the home's chickens. The house was comfortably furnished and homely. Young people feel comfortable, because they are cared for in a pleasant, homely, clean and safe environment.

All of the young people we spoke to told us that they liked their bedroom and it had the furnishings that they needed. One young person was pleased to have moved from one room to another which was bigger. The kitchen facilities provided space and opportunities for young people working towards more independence to store their food and cook for themselves. The comfortable lounges were homely with plenty of space for young people and staff. The home's main office was opposite the front door and young people knew that the managers were accessible there. There was sufficient car parking space for the home's cars and parking for staff and visitors. The good accommodation, decoration and condition of the home reflect both that value is placed on providing good quality accommodation and that the young people respect the environment of their home.

Young people live in a home where health and safety issues are addressed. There were appropriate safeguards and measures in place with household cleaning equipment safely stored so the use of potentially hazardous substances was monitored. Examination of records confirmed there were contracts in place for the regular servicing of the heating, electrical installation and fire safety equipment. Risks had been identified and eliminated as far as possible for the environment and activities. Records confirmed that a fire risk assessment had been completed for the home and there had been fire drills and regular testing of fire safety equipment and smoke detectors. The premises were physically safe

and maintenance had been undertaken to ensure any problems or damage were attended to promptly. The visitor to the home on behalf of the registered provider had monitored and reported on the physical environment and health and safety requirements at each monthly visit and specialist checks and audits were carried out on a planned basis. We were asked for identification before entry by staff, we signed the home's visitors' book and observed that other visitors had done likewise. Files were kept securely but were accessible for the staff to work. Staff personnel files were only available to the managers. Safety precautions and staff supervision provided a balance for managing risks and promoting independence. Young people are cared for in safe, secure and well-maintained surroundings.

## **4. Leadership and Management**

### **Summary**

The leadership and management of the home are well coordinated and effective. The managers operate a service that provides consistent care for young people and which makes good use of resources. The manager and deputy manager are aware of the detail of the care being provided to the young people and make sure there are enough staff available and that they are well led and supported through supervision and training. Quality assurance systems operate well and the provider and managers set appropriate expectations to provide a high standard of care. There is a vision and a purpose for the service which are clear and actively implemented. There is evidence of driving continuous improvement, a willingness to learn from best practice.

### **Our findings**

Young people are cared for in the way described in the home's statement of purpose. The statement of purpose for the home, which was last updated in September 2018, was clear about what was available to the young people and how they would be cared for. It was to be further reviewed to ensure that all references to legislation and operational management of the service were in line with the Regulation and Inspection of Social Care (Wales) Act 2016. The vision of the service was to provide a nurturing therapeutic environment with an integrated approach to care, education and therapy, and this was being achieved. Staff were very professional and clear about their roles and responsibilities and the manager was seen to be monitoring the care being provided. Records, for example of room searches, incidents and consequences given had been reviewed promptly and checks had been made that staff and young people had opportunities to discuss what happened and that consequences were appropriate and effective. Risk assessments and behaviour support and management plans had been updated when necessary. There were management and staff group meetings that ensured there was reflection of practice and good communication about the young people and the running of the home. We saw there had been regular contact between the home and placing authorities, families and other people in the young people's lives. The service worked well in partnership with a variety of professionals to support care planning and the development of individual strategies for the care of the young people. Young people's well-being is promoted because they know how their care will be provided

Young people are cared for in a home where there is consistent and resilient management. The organisation of the home was systematic and effectively fulfilled the vision of providing a homely, therapeutic, person centred service intended to keep young people safe and make a positive difference to their lives. The internal quality assurance systems were robust because management team were active in the life of the home and aware of the care being provided. They had been able to ensure that care was appropriate and it continued to meet the changing needs of the young people as their placements progressed. The information regarding staff and young people was kept appropriately and securely. We read staff files that contained evidence of a robust recruitment and vetting process. Staff had regular and meaningful supervision during which their own well-being, the young people and their training and development needs were discussed. Annual appraisals of staff had also taken place. Staff files were well organised and all eligible members of staff were registered with

the Social Care Wales. This demonstrates that young people benefit from care that is safe and compliant with regulations.

Young people are cared for by staff who are well motivated and caring and who are provided with appropriate training, supervision and support. Staff received suitable training and guidance to provide the right care for the young people. A therapeutic care team leader was identified for each shift and had additional and overall responsibility for ensuring agreed plans and tasks were carried out. We saw from the rotas, staff personnel and training records there were sufficient numbers of senior therapeutic care workers and care workers to care and support young people. There had been some changes in the staff team and efforts had been made to recruit qualified staff. Unqualified staff worked with staff who were qualified and were being supported in their learning and gaining experience. All unqualified staff, once eligible, were enrolled as soon as possible to complete the Level 3 Diploma award for working with children and young people. Staff shared information about the young people effectively within the care team so care provided was well informed and based on up to date knowledge. Staff received group supervision twice a month with an alternating focus on team functioning and the work undertaken with the young people. Clinical supervision was also available from a member of the in house therapy team. The staff we spoke to were positive about their experience of working in the home. They clearly wanted to make a difference for young people and were well informed about their individual needs. Examination of records confirmed that the staff team had been provided with regular and relevant training to inform and improve their knowledge and practice. The training covered not only the mandatory topics but also specialist training such as The Good Lives Model, therapeutic community core training, therapeutic parenting, working with sexualised behaviours, self-harming behaviours and gender variance. It was clear from discussion that managers recognised the skills and aptitudes of individual staff and maximised these by the deployment of staff to work with individual young people. Staff commented to us that they enjoyed their work with the young people and seeing them make progress. Young people can be confident that they are cared for by staff who are well informed, prepared for and motivated to undertake their roles.

Young people, their representatives and staff are able to express their concerns. Young people and their parents or relatives were provided with information about how to make a complaint. They were aware of lines of accountability and leadership in the home and the manager and responsible individual were visible, approachable and responded to concerns. Young people informed us they had information about the home's complaints procedure and were clear who they would speak to if they were unhappy about anything. We saw that day to day, young people were making requests or asking to talk about things that were important to them as evidenced in their key worker records, community meetings and daily records. There had been no complaints made since the last inspection. We concluded that young people's views and wishes are taken seriously and that there are policies and procedures in place for any concerns or complaints to be taken seriously, investigated and responded to.

Quality assurance systems are in place to ensure the operation of the home is monitored and good standards maintained. The monitoring of the service through independent visits, made on behalf of the registered provider, had been thorough and made a significant contribution to having a regular and objective view of the life of the home. We found the visitor had spoken with staff and children and identified both positive elements of the service and any issues that required attention. The manager had responded appropriately

to the visitor's feedback and were proactive in managing any issues that had arisen. An annual review of the quality of care within the home had been carried out and reported on for the calendar year 2017. It reflected the service that we saw. The management team working within the organisation had supported the delivery of the service and the manager had reflected on ideas for development and improvement. There were effective business management and administrative systems in place to support the life of the home. The re-registration of the home under the Regulation and Inspection of Social Care (Wales) Act 2016 placed new requirements on the service and responsible individual but the date of the re-registration was sufficiently recent that the responsible individual had not yet been required to make and report on their visits to the home. Leadership and management were strong and it was clear who was responsible for what in the life of the home. Managers ensured that staff understood and carried out their responsibilities so that the well-being of young people was supported. The operation of the home is efficient and there is a willingness to learn, improve and develop the service.

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

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

There was no non-compliance identified at the last inspection.

### **5.2 Recommendations for improvement**

There are no recommendations for improvement identified at this inspection.

## **6. How we undertook this inspection**

This was a full inspection undertaken as part of our inspection programme.

We made an unannounced visit to the home on Tuesday 20 November 2018 between 8:15 am and 5:05 pm.

The visit included providing feedback to the manager and responsible individual.

The following methods were used:

We spoke to three of the 10 young people individually and others in the company of staff.

We spoke to three members of staff, the registered manager, the responsible individual and a member of the therapy team.

We had a tour of the home and site to consider the environment.

We looked at a wide range of documents and records. These included:

Parts of four young people's case files and records.

The statement of purpose for the home.

The young person's guide to the home.

Records of key worker sessions.

Records of incidents, accidents, room searches, restrictive physical intervention, safeguarding, negative and positive consequences.

The minutes of young people's community meetings and staff meetings.

The staffing rota.

The supervision and training matrix and personnel records for two staff.

The records of complaints.

Reports of the visits made to the home on behalf of the registered provider.

The annual quality of care report for the home.

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>Registered Manager(s)</b>	<b>Anthony Parry</b>
<b>Registered maximum number of places</b>	<b>12</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>07/12/2017</b>
<b>Dates of this Inspection visit</b>	<b>20/11/2018</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 the Welsh Language active offer.</b>
<b>Additional Information:</b>	