



## Inspection Report on

**Y Garreg Llwyd Care Home**

**Y Garreg Llwyd Home For The Elderly  
Salem Road St. Clears  
Carmarthen  
SA33 4DH**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

18/09/2023

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## About Y Garreg Lwyd Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	INVICTA CARE HOMES LTD
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	07 June 2022
Does this service promote Welsh language and culture?	This service is working towards providing an Active Offer of the Welsh language. It demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Y Garreg Lwyd is a small comfortable care home located just outside a small market town, and benefiting from some country side views. Accommodation is all on one level making it easier for people to move freely through the building.

People receive care from a largely stable team of staff who know people, and what matters to them.

The Responsible Individual (RI) and manager have good oversight of the service and provide support and supervision to the staff team. They reflect on the service and have a clear view of any improvements needed.

## Well-being

People are able to speak with staff in either English or Welsh, as several staff members are Welsh speaking. The manager is able to make the Statement of Purpose available in Welsh if people request this. People value being able to communicate in their chosen language and we saw people talking to staff in both English and Welsh.

Staff know what to do to protect people from abuse, harm and neglect. They are confident the manager would address and manage any concerns to make sure people are safeguarded.

The physical environment contributes to some degree to people's wellbeing. People appreciate how homely it is, especially the small lounge areas and pleasant gardens, but parts of the home are in need of redecoration and some greater attention to detail.

People get the right care and support. They have good relationships with the staff who are caring and motivated, although the provider should make sure people are aware of their right to exercise greater choice about aspects of the care. Their physical health needs are met and there is regular input from health professionals.

The relationships people have with the staff is good. Relatives have a high level of confidence in the staff service with one saying *"I love it. So happy we found it"* with one person supporting this, saying *"I can't imagine anything better"*

## Care and Support

People receive care from a small team of workers who are motivated and enjoy their work. One described the people they care for as *“part of my extended family”*, and all staff said they are not rushed in their work and have time to sit and chat with people.

People are generally satisfied with the staff, describing them as *“very good”* and one relative said *“they seem to care, it’s not just a job”*. But one described some staff as *“moody”*. We discussed this with the manager who was already aware and working to address the concerns to make sure professionalism is maintained at all times. Interactions between people are friendly and relaxed, showing a rapport has been built up. People feel able to discuss issues with the manager who is described as being *“interested”* and *“listens”* to people. Some people find a difference between the quality of the regular staff and the agency staff the service employs, preferring the regular staff. The manager concurs with this and is trying to recruit new workers.

Care plans are detailed and person centred. They provide information about how care is to be delivered. There is evidence people contribute to their care planning and relatives confirm they are contacted to discuss people’s care and support needs. Relatives are usually contacted if there are any changes in the health of the individual. Records are reviewed regularly and daily entries are informative and mostly person centred. They provide evidence of how the person spent their time, as well as personal care, mood and diet. Staff know people well and know what and who are important to them.

There are limited opportunities for people to do things that matter to them. Some activities are offered but it can be a challenge to engage people. One person told us they enjoy playing some board games, and records show some people enjoy watching sport on the television. Most people would prefer to spend time in their own rooms or sitting in one of the lounge areas, and are not keen to take part in organised activities. The manager will continue to think of ways to encourage people to engage in group activities where appropriate.

People’s physical health needs are met. Staff are able to recognise signs of skin pressure damage and know how to report any concern. Health professionals visit the service regularly and there is enough pressure relieving and moving & handling equipment within the service. The manager assures us people can exercise choice about aspects of their personal care, however the provider has agreed to make sure people are offered choices, in particular with regard the frequency they are able to have a shower or bath.

There is an understanding of the importance of good nutrition. Meals are made using mostly fresh ingredients and there is a choice of meal. However, the meal offered is not always as set out in the menu. Food is available outside mealtimes and the food we saw

appeared appetising. Staff have a good knowledge of people's likes and dislikes, and special events are celebrated and catered for.

## Environment

People live in a service which meets their needs. Some carpets have been replaced and some areas are yet to be done. Some staff find it more difficult to manoeuvre mobility aids on the carpets, but people living at the service requested these in preference to vinyl flooring. All accommodation is on one level making it easier for people to move throughout the building. Corridors are clear and free of any trip hazards.

Parts of the service are dated, with a relative describing the environment as “*tired*”, and there is a lack of colour throughout, but all areas are clean and there are no malodours. Storage is a challenge for the staff, meaning equipment is stored in one of the lounges and a bathroom which is not currently in use. Some high dusting is needed in one of the communal lounges and some water damage caused by a leak means one of the shelves in the kitchen cannot be used.

Some bedrooms are personalised with items of furniture; photographs and ornaments and some have ensuite facilities. Bedrooms have enough room for people to relax and spend time in them if they do not wish to use the communal areas.

The communal areas, including the lounges and dining room are reasonably comfortable. The gardens are well maintained and have good views over the countryside. Some people enjoy sitting outside when the weather permits.

The kitchen has been awarded the maximum score of five by the Food Standards Agency and catering staff have all the equipment they need.

A maintenance worker is employed to carry out all basic work and the manager says there are a range of trades people can be contacted as necessary and they respond promptly.

## Leadership and Management

Workers are appointed following a safe recruitment process. Files are easy to navigate and well organised. They contain the information needed, including evidence of up-to-date Disclosure and Barring Service (DBS) checks as well as photographic identification and suitable references.

Staff consider they have the training they need to carry out their duties. The training matrix shows staff have received training in a range of areas including Moving & Handling; dementia care; diabetes and infection prevention & control. Whilst most staff are up to date with their training, there are some gaps which the manager is aware of.

Supervision is carried out and staff receive feedback on their work to assist in their professional development. Staff are able to discuss any ideas or concerns they have with the manager and are confident of getting a timely and helpful response.

There are some effective governance arrangements in place to monitor quality. The Responsible Individual (RI) carries out the required monitoring visits and records show they meet with staff and individuals. The manager has written a comprehensive Quality Assurance report. This report sets out what the manager feels the service is doing well, and also areas for improvement. The manager is able to discuss any issues with the RI, and as the RI is in the service most days, they have very regular contact.



### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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