



Inspection Report on

Y Garreg Lwyd 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

07/06/2022

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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	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

This focused inspection is to review the five open Priority Action Notices (PANs) around the oversight of the service by the Responsible Individual (RI), the review of personal care plans and the supervision, appraisal, and training of care staff.

The PAN around staff supervision, appraisal and training has been closed because these have improved. Staff records and conversations with care workers confirmed this.

The PAN around the review of personal care plans has been closed because this has improved. Care records and conversations with people confirmed this.

The PANs around the oversight of the Responsible Individual has been closed because this has improved. Records, conversations with the RI, manager, care workers and people living in the service confirmed this.

The safe storage of people's personal records was identified as an Area for Improvement in the last inspection. Records were seen to be safely stored in a locked cabinet.

Well-being

People receive care and support to meet their individual needs. Care workers have a good understanding of the people living in the service and interactions are caring. Care records provide a sense of the individual and are reviewed and updated regularly wherever possible with the individual or their representative.

People and/or their representatives are involved in decisions and express their views about the service and the care they receive. People can express their views about the service because the RI involves them and/or their representatives in their improved quality assurance audits. Staff can also contribute with ideas and suggestions to improve the quality of service during the visits. Information from internal audits enables the RI to monitor and assess the quality of the service.

Care and Support

On the whole, people and / or their representatives are involved in their care. Care and support plans have good details and give a sense of the person. People's individual needs and preferences are clearly documented and reflect the care and support provided. People and / or their representatives, sign their care plans to demonstrate they are involved in their care in most of the care records read during this inspection. A written record is made when this has not been possible, or the person has verbally agreed to their care. Care records and associated risk assessments are being reviewed regularly. Health and social care professionals are involved with people, and this is well documented in their care records. Two people we spoke with told us they have been involved in discussions about their care and have signed their plans. We found care records are securely stored in a locked cabinet.

Care staff have a good understanding of the needs of the people living in the service. They are able to give good details about people's history and their specific care needs. Interactions between staff and people are kind and caring and they speak positively about their roles and working in the service, *"it's good working here", we are a hardworking team, we support each other"* and *"we are here from the residents, to make sure they are safe and well cared for"*.

Good hygiene practices continue throughout the service. Staff wear the correct PPE and follow current Public Health Wales guidance.

Environment

The environment was not the focus of this inspection.

Leadership and Management

There are improved governance arrangements in place. The RI is in regular contact with the service and has undertaken Regulation 73 visits since the last inspection. CIW have received copies of their reports, which demonstrates they speak to people, and staff as part of the visits to the service. Staff and people confirmed this with us, one said *“the [RI] does speak to staff and residents when he visits”*. The manager and RI meet monthly and discuss a range of topics relating to the service. These meetings and any associated actions are recorded and reviewed at each meeting. A Quality of Care Report has also been completed with a copy being submitted to CIW.

Staff are knowledgeable, and skilled to care for people living in the service. Staff attend a range of mandatory and specific training. The numbers of staff completing training has improved since the last inspection. Due to an outbreak of Covid during the early part of the year not all specialised training has been completed, however, the manager gave assurances that this is being addressed.

Staff records show they receive an induction and an annual appraisal. Regular supervision meetings are now being held and recorded. Care workers told us they are receiving supervision, however, are not provided with a copy of the notes from the meeting. This has been discussed with the manager who will address this matter.

People living in the service, compliment the care workers and manager *“they are all very good here, [manager] is very nice”, “I am well looked after, and the staff are all very kind”*.

Staff follow appropriate infection prevention and control measures and are able to explain their responsibilities in reducing the spread of COVID-19. There are up to date and regularly reviewed policies and procedures in place to support staff.

Summary of Non-Compliance

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

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

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

Priority Action Notice(s)

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

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

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

Area(s) for Improvement

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

Date Published 12/08/2022