



Inspection Report on

Cwm Coed

Abertillery

Date Inspection Completed

24/08/2023

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About Cwm Coed

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Riverwood Housing Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	15 May 2019
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are supported by a staff team who are experienced, understanding, and attentive. Care documentation is available and regularly updated to show peoples' ongoing support needs. People are supported to achieve their personal outcomes; however, their achievements are not always clearly recorded. People have opportunities to be part of their local community and are involved in activities they are interested in. The accommodation promotes people's overall well-being. Visiting health professionals told us staff are caring and responsive. Staff are safely recruited, and they have a good knowledge of safeguarding procedures. The systems for managing people's medication requires strengthening. The process for identifying and responding to risks in the environment needs attention. Staff are supported well by the management team and the service provider has good oversight of the service.

Well-being

People get good continuity of care from an experienced staff team ensuring care needs are met consistently and comfortably. Through observing staff interactions with people, it is evident positive and trusting relationships have been built up over many years. We saw a staff member holding the hand of an individual engaging them in an activity easing their anxieties. Some people have limited ability to verbally express their opinions on the support they receive, but by observing people's body language and facial expressions, this revealed they are relaxed and reassured by staff supporting them. Staff know individuals well. People have opportunities to engage in activities of interest to them.

Measures are in place to safeguard people and to promote their emotional well-being. The service actively supports people's well-being by facilitating family contact. A relative we spoke with was welcomed into the home and they told us they can visit the service whenever they choose. Staff receive safeguarding training and know what action to take if necessary. Health professional advice is sought and responded to in a timely manner. Recruitment practices ensure staff are recruited safely. The provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service. Medication management systems are in place; however, staff practices require further oversight to ensure procedures are consistently safe.

Systems are in place to measure and oversee the performance of the service. The Responsible Individual (RI) completes a report every three months that reflects they observe staff engagement with people, speak with staff and review service delivery. The RI and manager have a good presence at the service, engage positively with people, their representatives, and staff. Staff told us they feel well supported in their role and the management team are approachable.

People are supported to live in accommodation which meets their needs, however, improvements are required to risk management in the environment. The accommodation is homely and spacious. External spaces are accessible and promote people's well-being. Risk assessments are in place in most areas of the service; however, the service provider needs to ensure health and safety is given further consideration due to risks identified within the environment. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

Care and Support

People are valued and have positive, trusting relationships with staff. We saw there is a natural familiarity between staff and people living at the home. Many of the staff supporting people on a day-by-day basis have been at the service for a significant period of time. We received positive comments from a relative we spoke with, they told us, *'They are well looked after and part of the family.'* We saw people are comfortable in their surroundings, either sitting in communal areas watching TV, enjoying the spacious rear garden, or accessing the community with the support of staff.

Information available for staff on how to support people is detailed and regularly reviewed. Staff have a good understanding of the support people require and we saw personal plans are kept under review. People are supported to do things that matter to them. We observed one person smiling, nodding their head to the rhythm of their favourite music playing in the background. Staff told us this person takes great enjoyment out of this activity. We note personal plans indicate people's aspirations; however, the review process does not clearly reflect how people are achieving their individualised outcomes. Staff are in sufficient numbers to meet people's needs and rosters reflect staffing levels are consistent.

Mechanisms are in place to support people's health and well-being. Care staff complete a variety of risk assessments supporting safe care delivery. Records show the provider makes referrals to health and social care professionals in a timely manner to support people to remain healthy. Staff wear the relevant personal protective equipment to keep people safe. One relative told us, *'When (X) is ill the staff will tell me. They keep me well informed.'* We spoke with two visiting health professionals who were very complimentary of the service, they told us staff are proactive and act on any advice given.

Improvements are needed to medication systems to ensure practices are consistently safe. Medication is stored securely in a locked cabinet that is well-organised. The temperature of the room where medication is stored is monitored. Medication administration records (MAR's) were sampled. We found a gap in recording of administration with no explanation recorded. Handwritten entries on MAR's are not completed in detail or counter-signed to ensure entries are accurate. We found PRN (as and when required) was available for one person, however a MAR chart was not in place. Some prescribed creams have no evidence of the date the medication was opened potentially allowing medication to be used beyond the recommended use by date. We found similar failings at the last inspection. We expect the provider to take action to address these matters and we will follow this up at the inspection.

Environment

People's well-being is enhanced by having access to a clean and personalised environment which is a pleasant space in which to live. The home has a main lounge, adjoining conservatory, and dining area. We observed the environment is clean and tidy throughout and note a weekly kitchen/cleaning rota is in place. We saw people utilising all communal and external areas. People's bedrooms are personalised and contain items such as family photographs, items of comfort and things of importance.

People have access to a large garden which offers them a place to sit outside and enjoy the warmer weather, or to participate in outside activities, if they choose. Staff told us people like to use the garden areas and personal plans reflect this. One person has access to a hot tub, this allows them some personal time to relax and de-sensitise. Risk assessments in the external grounds need to be strengthened. We also saw some uneven paving slabs opposite the hot tub that pose a risk of trips and potential falls. The provider assured us this would be followed up.

Systems in place to monitor risks to people's health and well-being in the environment require strengthening. Staff request and check visitors' identification prior to allowing them to enter the home. Some people prefer to walk bare foot in and around the home and we found some tiles in the conservatory are cracked with sharp edges. Fire checks are completed. Fire logs have improved to make it clearer what is required to be assessed and when this needs to be completed. Electricity and fire testing certificates are in place. Fire risk assessments are completed as required, including regular fire evacuation drills.

Cleaning chemicals that have the potential to cause harm are not stored securely. We found sharp tools, such as large kitchen knives and scissors left unattended in communal areas and not stored securely. There are no assessments in place to manage this potential risk. Safety checks on mechanical hoists are completed, however there are no records to reflect moving and handling slings are serviced as required. We note the wet room does not have locks fitted to the door in order to afford people using these facilities privacy and dignity. This concern was identified at our last inspection. Health and safety failings in the environment are an area for improvement. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

Leadership and Management

The arrangements in place for the overall monitoring of the service promotes a positive culture. The statement of purpose (SOP) is fundamental in reflecting the vision for the service. The SOP is up-to-date and outlines the service provided. There is regular oversight of the service delivery by the RI. The RI has extensive knowledge of the needs of people living in the home and has worked alongside the staff team in varying capacities for many years.

The RI completes three-monthly regulatory visits. Records reflect they observe staff engagement with people including an overview of the performance of the service and quality of care. Staff told us the RI is approachable and has a lovely relationship with people living in the home. The manager is registered with Social Care Wales (SCW). They are visible in the service and work alongside staff supporting people to achieve their outcomes. Regular service delivery audits are completed by the service provider; however, these do not always scrutinise risks to people in the environment.

Staff are fully supported to carry out their role. Staff told us they feel supported, have the opportunity for regular supervision and receive the necessary training to update their skills and knowledge. Staff records we reviewed reflect this. Training statistics show staff are compliant with mandatory training and they are also supported to undertake specialist training. It also shows staff have either achieved an accredited social care qualification or are working towards this. The provider confirmed all staff are registered with SCW. Discussions with staff indicate they have a sound awareness and understanding of safeguarding matters and reporting processes. Regular staff meetings are conducted to update and inform staff.

Safer recruitment checks are in place, safeguarding people's well-being. We examined two staff files. We found the required recruitment documentation has been obtained to ensure each member of staff is fit to conduct their role/duties. We reviewed DBS records, and these indicate the relevant checks are completed for staff. One relative told us, *'The staff are brilliant here, there are regular staff and this settles (x).'*

Summary of Non-Compliance

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

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

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

Priority Action Notice(s)

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

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

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

Area(s) for Improvement

Regulation	Summary	Status
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57	The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	New
58	The service provider must have arrangements in place to ensure medicines are administered safely.	Not Achieved
16	The service provider must ensure personal plans are revised when required.	Achieved
36	The service provider must ensure staff receive regular supervision.	Achieved

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