



Inspection Report on

Llys Gwyn Residential Home

**Llys Gwyn Residential Home
Heol Broom Maudlam
Bridgend
CF33 4PN**

Date Inspection Completed

12/10/2023

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About Llys Gwyn Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Grayson Enterprises Ltd
Registered places	31
Language of the service	English
Previous Care Inspectorate Wales inspection	11 October 2022
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

Llys Gwyn provides care and support in a warm and friendly environment. The premises is safe and accessible and has suitable indoor and outdoor areas. Staff know people well and interact in a kind and caring manner. Care files detail how people like their needs met and are reviewed regularly. Activities at the service are regular and varied to ensure people's physical and emotional well-being. Staff feel supported, happy, and confident in their roles. Staff receive regular supervision and training, and Policies are in place to provide Guidance. Audits and oversight by the management team are carried out. Good Quality Assurance systems are in place, and the Responsible Individual (RI) visits the service and carries out their regulatory duties as required.

Well-being

People at Llys Gwyn have support and opportunity to have control over their lives. Personal plans are clear, involve people if possible and their representatives, and are reviewed regularly. A statement of purpose is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. Details of how to make a complaint and contact details were on the wall in the entrance area. The manager deals with complaints, however, there have been none at the service since our last inspection.

There are good systems in place to promote people's physical and emotional health. People have access to healthcare professionals as needed and this is evidenced on people's care files. Best Interests Assessments and Authorisations for people who are being deprived of their liberties are in place, with advice and conditions of these clear in people's care plans. Staff work to offer choice of meals with a 3 weekly menu that is varied and nutritious. Alternative dietary needs are also considered. The service currently has a Food Standards Agency score of 5, which is the highest score that can be achieved.

Staff can identify when people may be at risk of harm or abuse. Risks to people's health and safety are included in personal plans and risk assessments. The service provides safeguarding training. Policies around safeguarding and whistleblowing are in place. The staff members we spoke to understand the requirements when reporting a potential safeguarding issue.

People can contribute to, and enjoy, safe and healthy relationships. Interactions between staff and people are warm, friendly, and familiar. People feel safe and happy at Llys Gwyn, and feedback is very positive. People maintain contact with loved ones through visits to the home, telephone calls, or trips out. We have been assured that current restrictions on visitors to the service are to be lifted with immediate effect. There are appropriate security measures in place such as keypad entry and signing a visitors' book. Staff consider people's communication and language needs, but the service does not currently provide the Welsh Active Offer. It was noted that signage around the home is both English, Welsh and picture format.

Care and Support

The service considers a wide range of views and information to confirm it can meet people's needs and outcomes. The manager completes a pre-admission assessment before deciding whether the service can support people's needs and we saw these on care files.

Staff have an accurate and up to date plan to provide care to people. People, their relatives, and other professionals contribute to personal plans making them relevant to people's individual needs. Records of communication between staff, relatives, and other professionals are kept. We saw staff know people well. Interactions are warm and friendly and feedback from people is very positive. One person said, *'It's very good...beautiful'* Another said, *'I'm very well looked after...I can't complain at all...I feel safe'*. A relative told us *'It's cosy and homely...If I had to score it I'd say 10/10'*. We saw an activities co-ordinator participating in activities such as bingo, draughts, and reminiscence work during our visit, and noted the home was nicely decorated for Halloween which residents had been involved in. Fancy dress, afternoon tea, and a Christmas party are already planned. A hairdresser also visits the service weekly, and there are lounge, dining, and other seating areas indoor and outdoor available for use. Work has also been completed on outdoor spaces. There is plenty of food and choice to meet people's dietary needs.

People have good care and support, and access to healthcare and other services. We observed positive interactions between people and staff, and saw files show involvement from other professionals. There is a medication policy. Protocols and arrangements for safe and appropriate medication management are in place and observed during the site visit. Only the senior care staff administer medication. Records of as required (PRN), controlled drugs, and covert medication is kept appropriately. Medication charts are accurate, signed by staff, and regularly audited by the management team. Daily medication room and fridge temperatures are kept ensuring safe medication storage.

The service considers people's communication needs, evident in people's care plans. The service offers documentation including the statement of purpose and written guide in both the English and Welsh language on request. There is 1 staff member employed at the service who has some basic Welsh language, with a couple of residents who speak some basic Welsh. Signage around the care home is in both English, Welsh and picture form. There is no Welsh Language Policy in place or Welsh Language training currently offered to staff.

An Infection Control Policy is in place. We observed staff using personal protective equipment (PPE) appropriately, and hand-sanitising and PPE stations with gloves and aprons throughout the service. Other infection and prevention control measures such as cleaning was observed.

Environment

The service provides people with care and support in a location and environment with facilities and equipment that promotes their personal outcomes. It is accessible and safe with appropriate security measures in place. The general environment is warm, welcoming, clutter and odour free. The service is homely and appropriate to the people living there with pictures, decoration, and suitable furniture. Facilities/equipment such as stair lifts and hoists are used and stored safely. Bedrooms are clean, tidy, and personalised. It is evident some redecoration is required in some rooms, and we are assured ongoing refurbishment is planned at the service. Outdoor spaces are accessible to people.

There are maintenance staff on site and hygienic and risk infection practices are in place. We saw records of maintenance and servicing which are up to date including hoist, bath, and stair lifts. Legionella and Water Safety checks, PAT (Portable Appliance Testing), and Gas and Electrical safety certificates are completed. A Fire Safety Risk Assessment and Personal Emergency Evacuation Plans (PEEPs) are in place. Fire and safety extinguishers, floor map and regular fire drills are evident at the service.

Leadership and Management

People are supported by a staff team who are suitable to work in the care sector. Recruitment information is kept at the service, with all regulatory checks completed for all staff including up to date Disclosure and Barring Service (DBS) checks. Appropriate training ensures staff have the knowledge and skills to provide the level of care and support required in helping people achieve their personal outcomes. All staff receive regular one to one supervision, and most have had an annual appraisal to support their wellbeing and professional development. Those who have not yet received an appraisal are new to working at the service. We spoke to staff who say they are happy, confident in their jobs and feel supported by the management team. One staff member told us *'I love it...I wouldn't do anything else now.'* Another said of the management team *'The best manager I've ever had. So approachable, has an open door policy. Most understanding. Never felt as happy... brilliant...treats everyone the same. Always does best to resolve any issues...really good.'*

People have access to information about the service. We saw the statement of purpose and service user guide (written guide) are available for people to see. These were appropriate to the service, informative and easy to understand. Other information around making complaints/compliments, and access to other services is available in the entrance area.

The provider supports staff to raise concerns about the service through whistleblowing procedures. A policy is in place and staff can access this. There are accessible safeguarding policies and procedures, and staff have had training in these areas. A number of other Policies not previously mentioned are available to staff including Health and Safety and Staff Training.

Good processes are in place to monitor the quality of the service and follow up any actions. Satisfaction surveys are sent out 6 monthly, and the home has regular staff and resident meetings. The RI carries out monitoring at the service and provides good support to the management team. The RI visits the service and speaks to people and staff. Records of these visits are available at the service and evidence recommendations and areas for improvement. Quality of care reviews are completed at least every 6 months as per regulatory requirements.

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