



Inspection Report on

Llandaff House Care Home

**6 Mwrwg Road
Llangennech
Llanelli
SA14 8UA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/11/2023

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About Llandaff House Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cathedral Care Limited
Registered places	21
Language of the service	English
Previous Care Inspectorate Wales inspection	23rd September, 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Llandaff House provides personalised care and support, from motivated and dedicated care staff with whom people have developed positive relationships. People we spoke with are happy with the care and support they receive and are treated with dignity and respect. Care staff feel valued and supported by management and each other. People receive care and support in an environment which is safe and secure. Management are accessible to people and the service is valued by those who use it. The responsible individual (RI) is frequently present at the service and spends time talking to people and staff.

Areas for improvement have been highlighted regarding the reviews of personal plans and the training of care staff.

Well-being

People and their representatives spoke positively about the care provided by care staff at the service. People have as much independence as possible. People are supported to choose where and how they would like to spend their time. An activity co-ordinator organises individual and group activities for people. People have choice at mealtimes and are supported by catering staff to have their preferred meals. A person using the service told us, *"It is quite joyful here. The food is marvellous, I love the chips."* A family representative told us, *"They have things going on for people all the time."*

People are treated with dignity and respect and receive appropriate, kind, and caring support from care staff they know well. People can communicate in Welsh, to Welsh speaking staff. Staff enjoy spending time with people. A person using the service told us, *"I am happy here."* A family representative told us, *"They speak with [my relative] clearly and in a positive manner. They do show a positive attitude towards [my relative] and help make [my relative] feel good about things."*

People have a voice within the service. Regular feedback is sought from people and their representatives on the quality of care and support at the service. People and their representatives are not always involved in reviewing how care and support is provided to meet people's individual needs.

People are safe and protected. People receive care and support from care staff who have been safely recruited and well supported, though not all care staff have yet received the required training. Care staff are registered with or in the process of applying to Social Care Wales, the workforce regulator. People and their representatives know how to raise a complaint and have confidence in this being dealt with by the service.

Care and Support

People are happy with the care and support they receive. An individual using the service told us, *"I like it here... the staff are all nice."* The process for admitting new people into the service is well-planned. Personal plans are clearly written and contain information including personal preferences, risk assessments, and detailed plans on how care and support should be delivered. People and their representatives are initially involved in the care planning process. People's personal plans direct care staff to deliver care and support in a consistent way. A family representative told us, *"We cannot fault the care package or staff. They make sure [my relative] is safe and comforted."* A member of care staff told us *"The residents are always put first here. They are safe and happy."* However, people and/or their representatives are inconsistently involved in the reviews of personal plans. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Care staff provide individual support to people as detailed in their personal plans. Care staff are knowledgeable about the people in their care and are empathic and patient in their approach. People choose where to spend their time throughout the day. We saw some people preferred to stay in their own rooms and others sat in the communal lounges. An activities coordinator is employed, who provides one-to-one activities to people as well as arranging a variety of group activities. A person using the service told us, *"It is up to us if we want to join in with activities."*

People's physical health and wellbeing is promoted. People have access to social and healthcare professionals when needed. The service understands people's health conditions, the support they require and can identify changes in the usual presentation of people they support. Arrangements are in place for the safe management of medication. A health representative told us, *"[Staff] know people inside out. They use their own initiative... They get in touch if there are concerns. They identify what people need."*

People are protected from harm and abuse. Care staff ensure people are as safe as possible by adhering to clear policies and procedures. The service deals promptly and appropriately with arising issues which could impact on people's care and support.

Infection prevention and control procedures are good. All care staff receive appropriate training on infection control. People and their representatives told us care staff wear the relevant personal protective equipment (PPE) and they feel safe.

Environment

The environment supports people to achieve their personal outcomes. The home is welcoming, comfortable, clean and well-maintained. The home is large enough to provide space for socialising and privacy, with comfortable communal living areas. People can meet with their family members and friends whenever they want, in their own rooms or in private meeting spaces. Bedrooms are decorated to people's personal preferences and interests. Individuals have photos of loved ones, pictures, and ornaments.

People benefit from a safe and secure environment. We saw appropriate oversight of health and safety at the service. Suitable arrangements are in place to ensure risks to people's health and safety are identified and dealt with. Records show checks are carried out around the home to identify and address issues promptly. Routine maintenance takes place. People are safe from unauthorised visitors entering the building, with visitors having to ring a bell to gain access to the service.

The provider has arrangements in place to ensure people are protected from the risk of fire. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. Fire risk assessments, fire drills and fire alarm checks are conducted within the required frequency. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency.

The service promotes hygienic practices and manages the risk of infection. We saw Personal Protective Equipment (PPE) and hand sanitising stations located around the home. The home has a five-star rating from the food standards agency which means that hygiene standards are very good. People enjoy a variety of freshly prepared, home-cooked meals from which to choose.

Leadership and Management

People are provided with accurate information about the service. A written guide which gives people who use the service, their relatives and others, information about the service. There is a statement of purpose (SOP) which describes how the service is provided. The service provision is reflective of information contained within the SOP.

The responsible individual (RI) visits the service and checks people are happy with the quality of care and support and looks for ways to improve. The service has effective procedures for obtaining feedback from people and care staff, to inform service delivery. The RI undertakes a quality-of-care review and identifies improvement and development at the service. The manager of the service is experienced, suitably qualified, and appropriately registered with Social Care Wales (SCW), the social care workforce regulator. The manager is supported by a deputy manager who assists the day-to-day running of the service. The management team are in regular communication with the RI. We were told that the management team are approachable and always there to help or advise care staff when required. A family representative told us, *"I feel if I had concerns, [management] are willing and cooperative to resolve things."* A member of staff told us, *"The management are great. We are a good team."*

There are sufficient staff who are fit to work with vulnerable adults. We reviewed the service's staffing rota and saw enough care staff at the service to provide care and support. Disclosure and Barring Security (DBS) checks are in place and current. Staff recruitment records contain all the information required by Regulations to ensure they are safe and fit to work at the service. The service ensures care staff are registered with the social care workforce regulator, Social Care Wales. We also noted that the service does not use agency staff and many members of staff are long-standing staff members.

Induction programmes takes place, but improvements are required. Newly appointed staff shadow shifts, have access to policies and procedures, training and are tested on their competencies, but training provision does not ensure all staff have the required knowledge and skills. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Care staff receive regular supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance.

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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36	The service provider cannot be assured that all care staff receive training which fully equips them with the knowledge and skills to undertake their role.	New
16	The service provider cannot be assured that people and/ or their representatives have been involved in the review of the care and support being received at the service.	Not Achieved
35	The provider could not show a full employment history, together with a satisfactory written explanation of any gaps in employment for all employees at the service.	Achieved
80	The RI has not effectively analysed the information from medication audits and not identified a recurring issue with missed signatures. This has the potential to impact on people's safety and wellbeing. The RI also does not evidence that he has spoken with individuals who work and are using the service. The RI reports require more detailed information to show that information gathered is being used to monitor, review and improve the quality of care and support being provided by the service.	Achieved
36	The manager has not received supervision since being promoted to manager in February 2022. The staff have not been having individual supervision sessions every three months and some staff have not had supervision for several months.	Achieved

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Date Published 10/01/2024