



Inspection Report on

Sea View House

**Calon Fawr Nursing Home Ltd
Lon Masarn Sketty
Swansea
SA2 9EX**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

19/10/2023

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About Sea View House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Calon Fawr Nursing Home Limited trading as Swansea Living Solutions
Registered places	8
Language of the service	Both
Previous Care Inspectorate Wales inspection	14 June 2023
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

Sea View House has a relaxed, friendly atmosphere. People enjoy life at the home; they make everyday choices and have opportunities to develop their skills and independence. Care workers support people to set and achieve personal goals. People socialise with others inside the home and enjoy a range of community-based activities. They have positive interactions with their care workers and managers. Care workers are available to give people the support they need when they need it. They understand how to keep people safe and actively promote their health and well-being.

People live in comfortable accommodation that has the facilities to meet their care and support needs. Various environmental improvements have been made and are continuing. The home is clean and well maintained.

The manager and responsible individual (RI) have improved recruitment procedures to ensure people are supported by a safe, suitable workforce. Staff feel valued and supported by the management team. There are up-to-date policies and procedures and detailed personal plans to guide care workers in their practice. Managers have systems in place to monitor the quality of the service and bring about positive change.

Well-being

People are content at Sea View House. Care workers have a good understanding of their individual needs and preferences. People set goals that care workers help them achieve, giving them a sense of accomplishment. Personal plans guide care workers in promoting people's health and independence. People complete household tasks, such as cooking and cleaning. Care workers support them to keep healthy and active. A good standard of hygiene helps minimise infection risks.

Managers carefully consider people's needs and backgrounds before they move into the home. This ensures the home is suitable for helping people achieve the outcomes they want to achieve from their care and support. Staffing levels are reviewed and adjusted to meet the demands of the service. The manager and RI have taken action to improve recruitment procedures and ensure people are supported by staff who are suitable for their caring roles. Staff are clear about the arrangements for protecting people from harm. The RI oversees the management of the service closely, setting and driving actions for improvement.

The home is spacious and has a good range of facilities to help people develop their independence. It is in a good overall state of repair, with the necessary environmental checks and inspections being carried out. People have a say in how their home is decorated. Work is underway to add personal touches to communal areas and create them into more homely spaces. A programme of refurbishment has been introduced to ensure people continue to benefit from environmental upgrades.

People enjoy spending time with others within the home and in the community. They have opportunities to take part in activities individually and as a group. Care workers support people to follow their own interests. Staffing rotas account for people's planned activities and one-to-one time. People have developed good relationships with their key workers and other staff. One person said, *"I'm very happy"*.

Care and Support

The manager considers a wide range of information to determine if the home can cater for people's individual needs. The admissions process is outlined in a referral and admission policy. The manager carries out detailed pre-admission assessments that consider risk assessments and support plans completed by health and social care professionals. People are given a written guide that explains what they can expect from the service. They have opportunities to visit and arrange short stays at the home prior to moving in. The manager involves people and the relevant professionals when making these arrangements. People told us their move to the home went smoothly: *"I'd definitely recommend this place."*

The manager has completed a full review of care records, ensuring risk assessments and personal plans are up-to-date and accurately reflect people's needs. People set goals they want to achieve, which are incorporated into personal plans. Care workers meet with people every week to discuss their plans for the week ahead. Personal plans contain detailed information about people's health and social backgrounds. Care workers know the best strategies for managing risks whilst supporting people to achieve their goals. They have opportunities to share experiences during staff meetings and formal, individual supervision sessions. Records show that people consistently receive their prescribed medicines. Where appropriate, people are safely supported to manage their own medication. Care workers contact medical and specialist services to promote people's health and ensure they receive the best possible care. They comfort and reassure people which enhances their emotional and mental well-being.

People enjoy an active social life. They are encouraged to follow their interests individually and with others. For example, people enjoy meals out, gardening, swimming, ping pong, gaming, and trips to places of interest. We saw people making plans with staff to complete specific activities. Staff were supportive of people's requests, finding ways to facilitate them. Managers secure the required authorisations for people whose freedom is restricted. However, the rationale for restricting access to the communal kitchen is not clear. The manager and RI agreed to review current risks and related records to ensure people are being supported in the least restrictive way. All staff have completed training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). People regularly dine together as they each take responsibility for preparing and cooking meals. One person described their lunchtime meal as *"beautiful"*. Care workers support people to plan varied, healthy meals and keep clear records of what people eat and drink.

The home promotes a good standard of hygiene and infection control. Care workers encourage people to keep their environment clean and tidy. Domestic tasks are included in weekly planners, which people display on noticeboards in their rooms. All staff have completed training in relation to infection control and food hygiene. We found the home to be clean and hygienic throughout.

Environment

Sea View House is a three-storey building that offers spacious accommodation over its two lower floors. The top floor is not accessible to people as it is currently being used to store equipment and archived documents. People were proud to show us their private space, which consists of a bedroom with ensuite shower room and separate lounge. We saw numerous leisure items within people's rooms, along with other personal touches, such as framed certificates and craftwork. People have their own facilities to make hot drinks. They receive support from care workers to use the communal laundry room on set days. We saw people relaxing and spending time with others in the various communal rooms. These include a lounge, dining room and conservatory with ping pong table. People help maintain their large garden by mowing the lawn and trimming shrubs. There are two discreet smoking areas for people to use.

The service has made many environmental improvements since the last full inspection in October 2022. For example, communal rooms and corridors have been repainted and the carpeting along first-floor corridors has been replaced. Handrails have been painted in a contrasting colour to the walls to make them more visible. People agreed a colour scheme that would satisfy their needs and preferences. New door signs have been bought, giving each person's room its own name. New blinds have been ordered for the communal rooms and various pieces of furniture are being upcycled. People have helped with this as part of a creative activity. The roof of the administrative office has also been replaced. The manager told us of further plans to make the environment more homely. For example, people have taken beach-themed photos during outings to print onto canvases and display in corridors. New covers and cushions for the sofas have also been bought. A refurbishment plan is in place to ensure upgrades continue. These include the complete renovation of a bedroom with ensuite shower room and relocating medication to a larger room on the ground floor. The RI and manager will add estimated timescales to the refurbishment plan, which they can review during quality assurance work.

The home has a maintenance officer who completes routine health and safety checks and general maintenance and repair. When required, arrangements are made for external contractors to complete specialist works. People assist the maintenance officer to carry out weekly checks of the home's vehicle, which they use for some outings and appointments. Records show that utilities and fire safety equipment have recently been inspected and are in good working order. We saw that chemicals are stored securely. All staff have completed training in relation to the Control of Substances Hazardous to Health (COSHH), health and safety, fire safety and first aid. The service keeps a record of visitors entering and leaving the building.

Leadership and Management

In June 2023, we found that unsafe recruitment procedures were putting people's safety and well-being at risk. We issued a priority action notice requesting the provider take action to address this. During this inspection, we found that recruitment procedures have improved. A recruitment policy has been implemented to guide managers in their decision-making. The manager has reviewed the recruitment documentation for all employees to ensure the necessary information is available. We looked at a sample of personnel files and found the required recruitment documents in place. Staff have been vetted by the Disclosure and Barring Service (DBS). There are systems in place for assessing a staff member's suitability for employment in light of information gathered during the recruitment and vetting process. Staff practice is formally reviewed every three months, or more often if needed. Any performance or conduct issues are dealt with via disciplinary procedures.

There has been a high turnover of staff since the last inspection, although staffing levels are now stable. Rotas are adjusted to ensure people get the one-to-one time they need. Where required, extra staff are allocated to work so people can enjoy days out. The manager has updated all policies and procedures to guide staff in their practice and plans to keep topics alive by introducing a 'policy of the month'. Staff have a good understanding of safeguarding procedures and are confident managers would deal with any welfare concerns quickly. The home's safeguarding policy is aligned to Wales Safeguarding Procedures and all staff have completed safeguarding training relevant to their roles. Records confirm that staff complete other mandatory and specialist training relevant to the needs of the people they support. The manager supports staff to register with Social Care Wales. People have formed positive relationships with care workers. They spoke fondly about the time they spend together and the interests they share. One person said, *"They pay me in kindness"*.

People are protected by safe systems of work. The manager and RI have completed actions set by commissioners to improve standards. They have regular contact and communicate openly with one another. We observed people to be at ease when speaking with the manager and RI. The manager is visible and provides hands on support as needed. Staff told us they feel listened to and fully supported:

- *"There is strong support from management, directors and RI."*
- *"They're spot on - nothing goes past the managers."*
- *"They take on board views and suggestions."*

The RI attends monthly staff meetings and assesses standards at the service during three-monthly formal visits and six-monthly quality of care reviews. People's views are sought during these processes. The RI has a support network to share information and keep up to date with legislation. The provider has invested in the service by expanding the staff team and making environmental upgrades.

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
35	The provider has failed to employ staff who are fit for their caring roles. Full and satisfactory information, as set out in Schedule 1 of the Regulations, has not been obtained to help determine staff's suitability for employment. Appropriate and timely action has not been taken to protect people when new information indicates that staff no longer meet the fitness criteria. The provider must have in place rigorous selection and vetting systems to enable them to make a decision on the appointment or rejection of all staff applicants. The service provider must consider all the information available to determine whether a prospective staff member has the necessary skills and good character to undertake their role. This includes the information set out in Schedule 1 of the	Achieved

	Regulations. Where staff no longer meet the required fitness criteria, the service provider must take appropriate and timely action to ensure people are not placed at risk.	
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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
6	The service has not been provided with sufficient care, competence and skill. The provider must place people's safety and well-being at the centre of any decision-making.	Achieved
26	People's safety and well-being have been put at risk due to unsafe recruitment practices. The provider must ensure the service is provided in a safe way. Staff must not be employed to work at the service unless they are fit to do so.	Achieved
44	A programme of refurbishment must be implemented to ensure the premises is suitably furnished and equipped, and properly maintained.	Achieved

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