



Inspection Report on

Plas Cwmcynfelin Ltd

**Plas Cwmcynfelin
Clarach
Aberystwyth
SY23 3DN**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

02/05/2023

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About Plas Cwmcynfelin Ltd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Plas Cwmcynfelin Limited
Registered places	55
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 May 2022
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Staff know people well and are kind and caring. Care documentation seen, including assessments, personal plans and risk assessments, are detailed and person centred. Improvements are required to ensure personal plans are completed in a timely way and reviews of these involve people and their representatives. Improvements are required with some practice around medication.

Plas Cwmcynfelin has a very homely atmosphere with pleasant, accessible grounds. Visitors are welcomed at times to suit people living in the home. Activities are held throughout the week and social events and occasions are planned so people are part of the wider community. Improvements are required to ensure the total number of people accommodated in shared rooms is reduced. The home is well maintained with ongoing décor and replacement of carpets and furnishings.

The Responsible Individual (RI) and manager have a daily presence at the home. Recruitment is adequate however Disclosure and Barring Service (DBS) renewal certificates are not in date for all staff. Improvements are required to individual supervision and training. The RI and manager are proactively recruiting however do acknowledge a shortage of registered nurses and this therefore impacts on staffing levels. Good oversight is in place however improvements are required for the service to be fully compliant.

Well-being

People are treated with dignity and respect. Staff enjoy spending time with people even when they are not on duty. Meaningful interactions were observed. Empathy and care is shown to people with an understanding of the transition process for people newly admitted to the home. One staff member told us *"I love it and feel like I am giving back"*.

People do what is important to them. During the inspection visits we saw a new armchair exercise session being introduced. Art sessions were also ongoing with people showing us the progress they have made with their paintings and drawings. We were told *"We really enjoy it – we have a go"*. An aromatherapist visits throughout the week and spends time with people as they wish. One person told us, *"Yes I really like it here – they support and help me with washing and walking and I can enjoy what I like to do"*

People sometimes have a voice and can be supported to express what is important to them. Regular resident meetings are held. People are invited to contribute and say what is working well at the home and what can be improved. People do not always have a voice within their own personal plans because reviews do not always involve the person or their representative.

Where possible people are mostly supported with choices. We saw people's preferred language being recorded on care documentation and heard the use of spoken Welsh where people preferred. People can have visitors to their home at times that are convenient to them.

We were told pictorial menus are available and we saw people being offered alternatives to the main meal or the main meal being adapted to people's preferences. We were told *"The food is lovely and if there is anything we dont like they do something else for us"* and *"Yes dinner is very nice and they will do alternatives if X doesn't like something"*. The number of shared rooms in the home is above the maximum number for the occupancy of the home, therefore people are not always offered a single room as they should be.

People are not consistently safeguarded. The registered nursing levels are not consistent as outlined within the services Statement of Purpose (SoP). Medications are not always available therefore not always administered as prescribed. This information is not reported as required. Most staff have had safeguarding training but improvements are required to other training to ensure staff have the information to ensure people's safety. Whilst the provider does have adequate recruitment practice the reapplication of Disclosure & Barring Service (DBS) checks does not take place as required meaning some staff are in employment without the required up to date DBS certificate.

Care and Support

Personal plans seen are up to date and person centred. Detailed assessments are in place with risk assessments as required. Additional care documentation showed information around diet, nutrition and position changes. 'This is me' booklets are completed by family members. Of the four files we viewed we did note one did not have a personal plan completed within the required time scale. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Personal plans are updated at least monthly by the staff; however, people and their representatives are not consistently involved with quarterly reviews. Family spoken to confirmed they are not invited to meetings as representatives for their relatives. We were told *"If we were involved that would make us feel a lot more heard"*. This was discussed as part of the inspection and the RI and manager told us they are going to work towards inviting people and their family to reviews. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

When observing medication practice, we saw staff administer medications to people in a safe way ensuring dignity is maintained. When checking Medication Administration Records (MARs) we noted some medications were not available due to supply issues. We saw notes and records of further requests being made to the pharmacy. The implications of people not receiving medications as prescribed had not been discussed with the prescriber, safeguarding nor commissioners. Audits are not in place and other areas of practice such as handwritten charts without signatures had not been identified or addressed. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Personal Protective equipment (PPE) is available to all staff and we observed good practice with the use of this. We did note some aprons were hanging over handrails and some unused hoist slings were stored in a communal bathroom. The manager told us these items would be stored appropriately. An infection prevention control (IPC) policy is in place and some staff are overdue an IPC training update.

On the days of the inspection visits we observed good manual handling practice. Family told us, *"Really grateful for X to be here"* and *"I wouldn't want X anywhere else – its lovely here. The staff are always in and out and that is so reassuring for when I am not here"*.

Environment

Plas Cwmcynfelin is homely and despite being busy, has a pleasant and relaxed atmosphere. People enjoy views of the grounds and have access to the gardens as they wish. The staff enable people to appreciate the grounds with fresh flowers from the garden around the home and those that enjoy watching the birds have feeders within the view of their rooms and communal areas.

We saw people had adapted beds and manual handling equipment according to their personal outcomes. All equipment seen was serviced and checked as required. We could see ongoing improvements to the environment were evident with painting taking place and new carpets and recent décor being evident.

Since the re registration of the service with RISCA (The Regulation and Inspection of Social Care (Wales) Act 2016), the provider has not complied with the requirement to reduce the number of shared rooms to 15% of the total of number of adults accommodated. Whilst the provider is supporting people to be admitted to the home as per their assessment and identified needs there is not evidence that people are making a positive choice to share with compatible individuals they know. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We saw staff respecting people's privacy and individuality with people's bedrooms and communal areas being personalised with things of interest to them. We did however note that within shared rooms audible privacy was not always possible with the use of mobile curtain screen dividers.

People have personal emergency evacuation plans (PEEPs) in place and these are up to date and accessible in people's bedrooms. Routine maintenance checks are made routinely. These include electrical installation and fire detection and alarm system inspections. When walking around the home we did see some fire doors propped open at the request of people. We discussed with the manager the use of self-releasing mechanisms suitable for fire doors. The fire risk assessment is dated 2020 and the manager advised they would arrange to have a more up to date assessment. We also noted no staff employed at the service had received a fire training update in the past 12 months. Since the inspection the RI has informed us that this training has been arranged for staff.

The service have been awarded a food hygiene rating of 5 earlier this year.

Leadership and Management

The RI and manager have daily oversight of the home. An open-door policy was seen throughout the inspection. Staff told us, *“Very happy with the support”* and *“We manage really well – everyone is approachable and friendly and we work as a team”*.

Recruitment processes are adequate with identification and reference checks in place. Staff are supported to maintain registration with regulatory/occupational bodies such as Social Care Wales (SCW). Whilst DBS checks are made prior to staff commencing employment, renewals are not consistently applied for. This is placing people’s health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We were told a staff induction is completed in line with the SCW Induction Framework and new staff have a period of several weeks working supernumerary. Supervision records are detailed with constructive feedback however individual supervision is not completed quarterly as required. Training records show staff have not regularly attended required and specialist training. For example less than half the team have attended Health and Safety training. Half of nurses and care workers have not received dementia training and more than two thirds of nurses and most care workers have not received ‘End of Life Care’ training. The RI and manager acknowledged difficulty with supervising staff and obtaining/providing training. As stated by the RI in the Quality Care Review report dated January 2023: *“We need to further improve our staffing levels so that we can reinstate our in-house training programme.”*

This is placing people’s health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Staffing levels at the time of the inspection visit were reflective of the rota and SoP. However, on checking the rota for a two-week period, nearly half the shifts did not have the required registered nurses on duty as stipulated within the SoP. At those times one registered nurse has responsibility for the home across both buildings. Staff told us *“Yes its busy but calm too though we get our days”* and *“The best situation is put together and achieved”*. The RI confirmed there are difficulties with recruiting registered nurses. This is placing people’s health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Whilst the RI has a daily presence in the home with good oversight, the systems in place to monitor the service are not driving an improvement in the quality of care and support provided. This is evident within the areas of non-compliance identified. While no immediate

action is required, this is an area for improvement and we expect the provider to take action.

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
58	Medications are not consistently available therefore not administered as prescribed for all people. This is not reported to the prescriber, safeguarding or commissioners.	New
35	The provider has not applied for a new Disclosure & Barring Service (DBS) certificate for all staff working at the service, at least three yearly, as required.	New
45	The number of adults accommodated in shared rooms exceeds the 15% of the total number of adults accommodated at the service.	New
34	The service provider does not ensure that at all times a sufficient number of suitably qualified and trained staff are deployed to work at the service, having regard for the statement of purpose for the service	New

	and the care and support needs of people.	
36	Staff do not attend the required core training and specialist training to ensure they have the required knowledge and skills to support people within the service. Individual supervision and appraisals are not completed as required.	New

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
16	People and/or their representatives are not always involved with reviews of personal plans.	New
80	The provider's quality assurance system has not improved the quality of care and support provided by the service.	New
15	Personal plans are not always completed within the required timescale.	New

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