



## 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**

29/09/2023

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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	27 April 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

People are very happy with the service they receive. They are supported by a friendly and caring staff team, who they have built up positive relationships with. Representatives are also positive about the service and one told us *"It's home from home, he's thriving there and says it's his home"*. The service is well led by the manager; people, their representatives and staff told us they value their support and guidance.

The environment is homely and comfortable, with well-maintained internal and external spaces for people to relax and interact with each other.

The Responsible Individual (RI) is well known and respected by people who live and work at the service. They have good oversight of the service and use information from their internal audits to inform their six-monthly quality of care review.

Issues identified in the previous inspection with the number of double rooms at the home, development of personal plans, medication management, update training and staff supervisions have been addressed by the provider.

## Well-being

People receive good quality care and support that meets their individual needs. The manager involves health and social care professionals to help people remain as healthy as possible. People are valued and respected by friendly staff, who celebrate their achievements. People's artwork is on display, discussions with staff are lively and individuals are encouraged to make Plas Cwmcynfelin their home. Unrestricted visiting allows people to invite their friends and family into the home whenever they choose. A representative told us about the welcome he receives at the home and said, *"I am glad my father came here he has a new family and so do I"*. Care workers told us *"I enjoy going into work"*, *"The residents are a good laugh"* and *"I like to do my best for people"*. Individuals do things that matter to them such as socialising and taking part in the planned activities. Representatives are also positive about the care and support; one said *"He has come along so much since moving there, he looks 10 years younger"*. People live in a service that is working towards an 'Active Offer' of the Welsh language. Many of the staff speak Welsh and we observed an individual and their care worker happily singing together in Welsh.

People are protected because recruitment processes ensure they get the right care and support. Care workers receive induction and effective ongoing development and register with Social Care Wales. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People and their representatives know how to make a complaint if needed and have confidence in the manager.

The building is homely and well maintained. People personalise their own rooms as they choose. Communal areas are comfortable, bright and spacious. People use the different spaces available to do things they enjoy, for example chatting with each other, watching TV, reading and taking part in planned activities. The welcoming gardens are accessible and people enjoy doing things that matter to them when out and about in the grounds.

People have a voice and input into the running of the service because the RI involves them in quality assurance. Governance processes focus on developing the service by using information from surveys and audits. The Quality of Care Review identifies areas to improve following consultation with people, their representatives and staff, who work at the home.

## Care and Support

People are very happy with the care and support they receive. We saw many positive and friendly interactions between people who live and work at the home. Care workers have developed friendly relationships with people and support them in line with their needs and preferences. An individual told us *“The home is fantastic, and the staff are great”*. Staff know people well and respect them as individuals. A care worker said, *“The residents are what makes the place, the individual characters are so special”*. Representatives are also very positive about the service, we were told *“The staff are brilliant, I couldn’t ask for better people to look after her. They’ve done an exceptional job of supporting her”*.

Issues around personal plans, identified in the last inspection have been resolved by the provider. People, their representatives, care workers and professionals are involved in developing and maintaining plans. Nurses regularly review plans with individuals and/or their representatives to ensure information is accurate and up-to-date. Documentation shows good evidence of health and social care professionals being effectively involved. Daily notes record the care and support completed and the manager intends to improve them, with more detail from the perspective of the person.

The service has an activities programme with a variety of activities such as chair exercise, arts, crafts, and music. When discussing activities an individual told us *“The staff have been so good, showing me what to do and it’s been great fun”*. People also enjoy pastimes such as reading, watching television and interacting with each other. A physiotherapist works at the service and people benefit from their specialist guidance. People are also supported to spend time with their family and friends together in the service and or in their local community. The manager organises days where people, their representatives, staff and their families can gather socially at the service. A representative told us about the benefits of being able to put a bird table outside of their father’s room and the enjoyment he has from seeing the wildlife.

Issues with the availability of medication highlighted in the previous inspection have been addressed. Medication is appropriately managed at the service, with the correct prescribed medications available and administered to people. The service has introduced a clear system and works with health colleagues if supplies of medication are not available.

There are now sufficient numbers of nurses available throughout the day to safely meet people’s health needs. Adequate numbers of care workers support people to achieve their outcomes and we observed many unrushed and positive interactions during the inspection.

## Environment

The service is divided into two separate buildings, the main house and coach house. Both environments are bright, fresh and well maintained by committed housekeeping and maintenance teams. People enjoy interacting with each other, their visitors and the staff team in the many different spaces throughout the home. Individuals display their items in communal areas and can personalise their rooms with their own pictures and furniture. The inviting grounds are accessible and people are supported to enjoy spending time in them.

The provider has an ongoing upgrade programme to ensure the décor of the home is well maintained and inviting for people. Planned improvements are made to the environment throughout the year. We were told that any issues are acted upon quickly and repairs are completed promptly. A representative told us; *“The home is so well looked after, from the front gate and all the way through the house. You can see they take pride in what they do”*.

The manager ensures regular Health and Safety audits of the property and equipment are completed. Testing of fire safety is up-to-date and Personal Evacuation Plans are individualised and available in emergencies.

The kitchen has a food hygiene rating of five and people enjoy a variety of freshly prepared home cooked meals. People enjoy the option of a social dining experience together or quietly on their own. An individual told us *“the food is excellent and all homemade”*.

## Leadership and Management

Issues identified in the previous inspection have been resolved. The provider has improved their arrangements for monitoring and improving the quality of the service. The RI is involved in the day to day running of the home. They are described as approachable and supportive, a care worker said *"They are lovely and I can go to them with any problem and they sort it out. I feel I can raise anything with them"*. The RI completes quarterly reports, where they discuss the quality of the service with people, their representatives, external professionals and staff. The RI uses information from internal audits and quality checks to complete the six-monthly Quality of Care Review.

The manager knows individuals who live at the service well and we observed many positive interactions between them and people. Staff describe the manager as accommodating and helpful. A care worker told us the manager is *"Very approachable, anything you need you can go to them"*. Representatives told us the manager is always available, easy to talk to and helpful; one told us *"Any time I need to talk to them I call up and see them in the office. Dad says they are always about, talking to him and other residents"*.

Care staff receive regular, constructive quarterly supervision and value the accessibility of the manager. A care worker told us *"Supervision is helpful but I like getting things sorted there and then. The managers are brilliant and they sort things out straight away"*. Discussions with staff, demonstrate a sound understanding around safeguarding. Policies and procedures are in place to support good practice and workers have a sufficient understanding of them.

Pre-employment checks take place before new employees start work. These include reference, right to work and Disclosure and Barring (DBS) checks. Issues with the re-applying for DBS every three years have been addressed and all staff have a current certificate.

New staff receive a comprehensive induction in line with the joint programme between the local authority and health board. The manager has improved their oversight of ongoing mandatory training. The training matrix confirmed there has been a significant improvement in training compliance to ensure people's needs can be met. A care worker told us *"You can get stagnant but the training refreshes you and there's always something new"*. Managers support staff to register with Social Care Wales.

Adequate numbers of staff meet people's needs. Many workers have been at the service for years and have built up good relationships with people. Care workers understand individual's personal circumstances and support needs.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
58	Medications are not consistently available therefore not administered as prescribed for all people. This is not reported to the prescriber, safeguarding or commissioners.	Achieved
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.	Achieved
45	The number of adults accommodated in shared rooms exceeds the 15% of the total number of adults accommodated at the service.	Achieved
34	The service provider does not ensure that at all times a sufficient number of suitably qualified and trained	Achieved



	staff are deployed to work at the service, having regard for the statement of purpose for the service 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.	Achieved

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

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