



Inspection Report on

Treforys Care Home

**Treforys Care Home
School Road
Morrison
Swansea
SA6 6HZ**

Date Inspection Completed

17 November 2021

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About Treforys Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Padda Care Homes Ltd
Registered places	26
Language of the service	English
Previous Care Inspectorate Wales inspection	23 October 2019
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language.

Summary

Treforys supports people who require nursing and/or personal care. People are supported by a team of dedicated care workers and nurses who know them well. People are treated with compassion and kindness. Care staff are well-trained and supported by a well-established and dedicated management team. However, improvements are needed to improve the frequency of supervision of care staff and to ensure all recruitment documentation is available in personnel files. There are systems in place to ensure care is delivered to meet the changing needs of people and there is clear oversight of how the service is being delivered. The management team are visible in the service on a daily basis. People appear content and happy, living in a homely, clean and well maintained service. The external garden area is welcoming and there are plans in place to extend the service in the near future.

Well-being

People have a voice and are treated with dignity and respect. Personal plans are detailed, and accurately reflect people's current needs and are reviewed routinely. Care workers are attentive to people and have good camaraderie with them. Relatives spoken with are very complimentary of the service and thankful for the care provided.

People's physical health, mental health and emotional wellbeing is promoted. The manager has good systems in place to oversee and monitor people's health and well-being. There are good systems in place for the management of medication in the service. People receive care from a care team who know them well and are able to recognise any deterioration in people's health quickly to make timely referrals to relevant medical practitioners.

People are supported to maintain relationships. People have good relationships with care staff who treat them with warmth and kindness. People living in the home appear to have friendship groups and a relative told us "*she's made two new friends, and is really happy*". Relatives spoken with are very complimentary of the level of communication from the service and appreciate the way the service has done all it can to maintain visiting throughout the pandemic.

People are protected from harm and neglect. Safeguarding training has been undertaken by care staff who are clear about their responsibilities to protect people and are aware of the procedures to follow if they have any concerns. We saw that people who have limited capacity have appropriate safeguards in place which have been agreed in their best interests. The service has a robust safeguarding policy in place and the manager is aware of the new Wales Safeguarding Procedures which has been cascaded down to staff. The service is adhering to the guidance for safe visiting in care homes at present. The service is well maintained and kept homely, secure and safe for people.

There is good oversight of the service. Routine visits by the service's responsible individual (RI) take place and regulatory reports are completed at the appropriate time. Some improvements are required to ensure care staff receive quarterly supervision and annual appraisals. Further improvements are required in personnel files to ensure they contain two written references to evidence that the service carried out robust pre-employment checks.

Care and Support

People are provided with the quality of care and support they need which considers their personal wishes and aspirations. The service has an electronic care planning system in place which is effective in ensuring that plans and reviews are kept updated due to the built in alert system. We looked at three care files on the system and found that all were detailed and gave a good overview of the person, their history, likes and dislikes.

Corresponding risk assessments were also on file and these included tools to monitor skin breakdown risk and nutrition and hydration requirements of people. Each of the files viewed have been reviewed and updated within the last six weeks. Daily logs were also seen and these were detailed and included any incidents or significant events throughout the 24hour period.

There are safe systems in place for the management of medication in the service and to maintain people's health. We saw that medication is stored securely in the nurses' room at appropriate temperatures. We looked at three Medication Administration Record (MAR) charts and found these to be completed accurately. Procedures for ordering, returning and disposing of medications are also completed appropriately. People are weighed routinely and this is reviewed by the manager so that timely referrals can be made. Care staff know the people they support well and are able to recognise any deterioration in their health to make timely referrals to relevant health professionals. Relatives spoken with are complimentary of the level of care given at the home comments included: *"my mother looks great, she looks happy, she's gaining weight"* and *"X is being well looked after"*.

The provider has mechanisms in place to safeguard people supported in the service. We saw that almost all care staff have received safeguarding training. Those staff spoken with are aware of the procedures to follow if they have any concerns about someone in the service. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care and support. The manager has systems in place to apply for renewal of these when they are due.

The service promotes hygienic practices and manages the risk of cross infection. We saw that all care staff wear personal protective equipment (PPE) appropriately. There are good arrangements in place for visits. Relatives were eager to share how accommodating the service has been to maintain contact throughout the pandemic, comments included *"I have got to credit the home for their promoting of keeping us all together through this pandemic"* and *"with being so far away it has been really difficult emotionally but I must say they have been superb"*. The service is following the updated government guidance in relation to this and measures are in place to minimise risk to people when visitors come to the home, this includes body temperature checks and Lateral Flow Tests (LFT's) for all indoor visits. Care workers have procedures to follow on entering the premises and undertake weekly testing to minimise the risk of introducing Covid-19 into the home.

Environment

The provider ensures that individual's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. Treforys is a purpose built care home where all bedrooms are spacious and have en-suite facilities. Bedrooms seen are personalised with specially designed furniture to assist those who are living with a form of dementia to maintain their independence. This includes cupboards and drawers with specially designed opening so that the contents can be seen when doors are closed. Bathrooms are fitted with colour contrasting furniture to further encourage independence to distinguish things such as toilet seats and hand rails. There are several communal areas in the home including a large lounge/diner, seaside room, chapel and quiet lounge. There are plans in place to refurbish one of the other lounges in the near future as well as changing the building to the rear of the service into additional bedrooms. We saw that all communal areas are light and welcoming and people appear to be comfortable in them. There is a small, inviting, secure garden to the rear of the home with seating and there are plans in place to update the other outdoor area once current building work is complete.

The service provider has procedures in place to identify and mitigate risks to health and safety. We looked at the maintenance file in the service and saw that appropriate maintenance audits are carried out routinely in the home. This ensures compliance with environmental checks which include window checks, manual handling equipment and emergency lighting. The certificates for annual service on the gas, electric and appliance testing and fire safety were seen and in date. The laundry room is located to the rear of the service and is not accessible to residents and is secured with a key pad lock. Chemicals used in the home which are covered by the Control of Substances Hazardous to Health (COSHH) regulations are locked in a specific cupboard which is also accessed through a key pad door and not accessible to residents.

Leadership and Management

People are supported by a care team who know them well and are supported in their roles. We looked at three personnel files and saw the requirement of two pre-employment references were not available in two of the three files. Disclosure and Barring Service (DBS) checks are up to date and renewed as required and other statutory documentation is in place. We saw routine supervision of care staff has not been carried out quarterly as required by the regulations. Despite this all staff spoken with felt that they are supported in their roles and felt valued working in the service. The manager explained that a new clinical lead was being recruited at present who would support nursing staff further in their roles. We have notified the provider of the requirement for thorough background checks on employees and the requirement of quarterly supervision of all staff. This will be followed up at the next inspection.

The service provider has systems in place to support the smooth operation of the service, to ensure the care and support of individuals enabling them to achieve their personal outcomes. We saw that the manager of the service carries out monthly audits including review of DoLS, care files and weight monitoring. We saw that policies and procedures, are reviewed and updated as required. The statement of purpose (SOP) reflects the service well and has also been reviewed. The management team is visible in the service on a daily basis and care staff mostly feel that they are approachable and helpful, comments included *"I feel that my manager always deals with any concerns and acts accordingly"* and *"I am very confident that they would always respond to any concerns that I raise"*

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw the last bi-annual quality of care report (July 2021) this report contained feedback from people, relatives and staff, improvements that can be made and actions required to make these improvements. The RI visits the service frequently and speaks with people and staff as well as carrying out dip sampling of file audits and an assessment of the environment and noting any improvements needed. General feedback from relatives was very positive: *"it is a wonderful place - staff are very caring"*, *"I find them absolutely fabulous, X seems very calm, settled and very happy"* and *"they are looking after X really well"*.

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
35	We looked at three staff files and found that two out of three did not have two written references on file to	New

	evidence robust background checks were carried out prior to offering employment. In both personnel files viewed there was only one pre employment reference in place for both individuals. The requirement is two and one must be from the previous employer.	
36	We looked at three staff files and saw that supervision was not carried quarterly on any of them	New

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