



Inspection Report on

Cwrt Mytton

**Cwrt Mytton Home For The Elderly
Oak Street
Abertillery
NP13 1TE**

Date Inspection Completed

05/05/2022

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About Cwrt Mytton

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Blaenau Gwent County Borough Council Adults and Children's Services
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	16/05/2019
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

This was a focussed inspection. People and their representatives are positive about the care provided. Opportunities to participate in activities are available. Care staff treat people with respect and dignity. Each person has a personal plan of care. Improvements are required in the review and update of plans. Medication practises have been strengthened. Arrangements are in place to monitor and assess the quality of services. Care staff feel equipped to carry out their role. However, improvements in staff supervision and training are required. The environment is homely, clean, and decorated to a good standard.

Well-being

People appear comfortable and content and are positive about the care they receive. People living at the service said, *"I have no complaints"* and *"staff are great"*. Visitors are welcome to the service daily. One visiting relative told us *"More than happy with the care provided to Mum"*. Another visiting family told us *"They treat Dad so well"* and *"I have nothing but praise for staff"*. Care staff are available to provide support and their approach is kind and caring. It is clear that staff know the people they are supporting well. People are encouraged by staff to interact with each other, get involved in activities and events.

The service encourages people to have as much choice and control over their everyday lives as possible. People can move around the building and choose where they would like to spend their time. Corridors include regular seating areas for people to rest and interact with others. There are several communal spaces available including a pub environment. Activities are provided on a regular basis each week. People are provided with a choice of meals each day. One person requested their favourite meal for lunch and this was provided. There are arrangements in place to enable people to meet with their family and friends.

People are encouraged and assisted by care staff to be as healthy as they can be. We observed people being supported and encouraged throughout our inspection visit. Records show referrals are made to health professionals when necessary. Improvements in the administration and management of medication have been made, to ensure people receive the right treatment at the right time. People's individual dietary needs are considered and healthy, nutritional meals ensure people remain healthy.

People receiving a service are safeguarded from harm. There are systems in place to record accidents and incidents. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. Staff we spoke with were familiar about the types and indicators of abuse and told us what action they would take. A safeguarding policy is in place, which is kept under regular review and refers to current best practice and guidance. The service has worked in partnership with other agencies to participate in the safeguarding process.

Care and Support

Personal plans we reviewed are person centred, detailing people's likes, preferences, and personal profiles. However, plans are not fully reflective of people's current identified needs. Personal plans are reviewed by management. Following review not all documentation is updated appropriately. Increased risks identified following changes in a person's mobility have not been transferred into plans and guidance for staff to follow. For example, interim manual handling plans should be reviewed and updated as changes in mobility are observed. People's Personal Emergency Evacuation Plans (PEEP's) should also be updated to reflect changes. Additionally, people who are now cared for predominantly in bed did not have clear guidance for staff to follow to prevent any damage to their skin. Documents describing the care and support to be provided should be comprehensive and provide clear guidance for staff to follow. These are areas for improvement and we expect the provider to take action and we will follow this up at the next inspection.

Throughout our inspection, there were sufficient care staff on duty to support people. We saw care staff interacting well and provide care with genuine warmth and compassion. Care staff are attentive and respond to people's different needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff. The atmosphere and engagement during mealtimes could be improved. For example, some care staff supporting people with their food had minimal interaction and conversation with the person they were supporting. However, we also witnessed positive interactions during our inspection; we saw care staff supporting people in a dignified manner, speaking in a friendly, caring, and respectful way.

People can access the necessary health services to maintain their health and wellbeing. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. However, referrals and access to occupational therapists should be completed in a timely manner. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health.

The management team have implemented some improvements to the medication management procedures, which seem to have worked well and have reduced the number of medication errors made. Care staff we spoke with told us they feel confident in administering medication. Medication is now safely distributed, organised and stored. Medication which has been administered is accurately recorded on the persons Medication Administration Record (MAR) chart. Any medication errors are reported to management and appropriate action is taken. Service medication policies and procedures are up to date and in line with current medication legislation.

Environment

As this was a focused inspection, we have not considered this theme, in full. On arrival, we were requested to undertake infection control precautions to ensure the safety of residents.

The environment is clean and homely. The service is currently being updated and redecorated. There are several communal areas, people can choose to be in the company of others or spend time on their own. People have their own rooms, which are warm, clean, and personalised to their own taste.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full.

Governance arrangements are in place that support the operation of the service. Systems are in place which inform the Responsible Individual (RI) and management team of issues that occur. The RI conducts regular visits to the service. Appropriate governance, auditing, and quality assurance arrangements are in place to ensure the service run smoothly and delivers good quality care. Policies and procedures are in place and have regular reviews and updates. The service promptly submits the required notifications to Care Inspectorate Wales (CIW) and the provider is open and transparent in their dealings with the regulator.

Care staff we spoke with stated they felt supported and confident in their role. Staff's formal supervision with their line manager requires improvement. This one-to-one support provides an 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. Formal supervision should be held at least every three months. Staff training also requires improvement to ensure refresher training is available in a timely manner and any specialist training required to meet people's specific needs are completed. These are areas for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

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
16	Personal plans are not amended and updated fully to reflect changes in care and support needs.	New
21	The provider failed to ensure personal plans had	New

	sufficient detail to inform and guide staff.	
36	The provider did not ensure staff receive regular training and formal supervision.	New

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