



Inspection Report on

Cwmaman Care Centre

**Cwmaman Care Centre
Morris Street Cwmaman
Aberdare
CF44 6HW**

Date Inspection Completed

24/02/2023

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About Cwmaman Care Centre

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Supreme Care Wales Ltd.
Registered places	49
Language of the service	English
Previous Care Inspectorate Wales inspection	17 September 2021
Does this service provide the Welsh Language active offer?	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 treated with warmth and kindness by a dedicated team of care workers who know the people they support well. The service maintains good lines of communication with people's relatives and other professionals. We saw the service seeks medical or other professional advice in a timely manner. However, medication management systems need to improve. Care documentation including plans and assessments require improvement for them to clearly set out people's care and support needs and mitigate risks to people's health and safety. The service must also ensure care documentation is reviewed periodically to ensure information recorded is relevant.

There is a safe recruitment process where the service completes all the necessary pre-employment checks. The environment is clean and comfortable. However, improvements are required to ensure the environment is safe. Governance arrangements require strengthening to ensure the service can reflect on its performance and develop. Measures to ensure staff are sufficiently skilled and supported require further development.

Well-being

Measures to protect people from harm and abuse require strengthening. There is a safeguarding policy and care workers we spoke with are aware of their safeguarding responsibilities and the process for raising concerns. However, not all staff are up to date with their core training including safeguarding and manual handling. Care and support plans lack sufficient detail and risks to people's health and safety are not always assessed. Medication management systems need to be developed further and potential environmental hazards need to be addressed.

People are treated with dignity and respect by an experienced team of care workers. People told us they have good relationships with care workers. This was supported by the positive interactions we observed during our inspection. Regular resident meetings are held where people can raise issues or make requests. People can choose from a range of nutritious foods and are able to get up and retire to bed at a time of their choosing. The home has good relationships and lines of communication with relatives who told us the service keeps them informed and updated. Visitors can attend the service when they wish.

People have access to the right care at the right time. The home liaises with health and social care professionals for advice when needed. All visits and appointments are documented in people's personal plans. Care workers are experienced, can spot the signs of deterioration in people's health, and refer to the relevant professional for advice and support.

The environment offers people access to a range of communal areas as well as the privacy of their own bedrooms. Although we identified some environmental hazards, we found the environment to be clean and suitably decorated and furnished throughout. We observed people in communal areas, they appeared relaxed and comfortable which suggests they are pleased with their surroundings.

Care and Support

People's care and support needs are set out in their personal plans. The service uses an electronic system to save people's care and support documentation. Care workers have access to this via handheld devices. We examined a selection of people's personal plans and found they lacked significant detail. Care plans are basic and do not fully explain the level of care and support the person requires. Risk assessments are not always completed which means there is an increased risk of people sustaining harm that could be mitigated. We also found personal plans are not always being reviewed in line with regulatory requirements. We discussed this with the management team and explained this is an area for improvement and we would expect the service to address the issue by the next time we inspect.

People have good relationships with care workers who provide their care and support. We observed care workers engaging with people in a kind friendly manner. Many of the care workers employed have worked at the service for several years and know the people they support well and are familiar with their needs and routines. Care workers can recognise changes in people and act accordingly. We saw the service monitors people's overall health and well-being and seeks medical advice when needed. Daily recordings capture care and support provided and are up to date. Documented evidence on people's personal plans show they have access to a range of health and social care professionals. People provided us with positive feedback regarding care workers and used words like "*brilliant*", "*lovely*" and "*nice*" to describe them. We also received positive feedback from relatives who were visiting on the day of our inspection. One relative told us "*The staff are lovely, informative and pleasant, they've always got time for you*".

Medication management systems require strengthening to ensure medication is administered safely. There is a medication policy which outlines the procedure for administering medication. However, the policy does not detail information relating to the administration of "as required" (PRN) medication. We were told one person living at the service has their medication administered covertly. We looked at the person's personal plan and found it lacked detail and did not contain supporting documentation in line with best practice requirements. We conducted a visual inspection of the service's medication storage and found some medication was missing. We discussed these issues with the management team and explained this was an area for improvement which we would expect to be resolved by the next time we inspect.

Environment

The home is set over three floors. People reside on the middle and upper floors. The lower floor is currently unoccupied. The home is appropriately decorated and furnished throughout. People's rooms are personalised to their preference with items such as pictures and ornaments. There are sufficient bathroom and toilet facilities throughout the service and specialist equipment such as hoists available for those who require them. Domestic and laundry workers are at the service daily to ensure good standards of cleanliness and hygiene are maintained. The kitchen facilities have been awarded a score of four by the Food Standards Agency which is classed as 'good'. Menus detail a good choice of nutritious foods and people with special dietary requirements are catered for. One person told us, *"You can't fault the food. It's lovely"*.

We saw evidence of a rolling programme of maintenance to ensure the home, its facilities and equipment are safe. We considered records relating to general servicing and maintenance and saw appropriate checks and safety certification is in place. However, our visual inspection of the home identified several potential hazards, including missing window safety features and a number of rooms containing potentially harmful materials were left unlocked. We discussed this with the management team and explained this was an area for improvement which we would expect them to address at the earliest opportunity.

Leadership and Management

The service operates a safe recruitment process ensuring its employees are suitable to work with vulnerable people. We examined records relating to recruitment and found the service conducts all of the necessary pre-employment checks before offering a potential employee a contract. These checks include references from previous employers, employment history checks and Disclosure and Barring Service (DBS) checks.

Improvements are required to ensure care workers are given the opportunity to develop to their full potential. The service offers an ongoing programme of training and development. There is a staff development policy which highlights areas of training needed to be completed by all care workers. We examined the services training matrix and found some staff are not up to date with training in core areas such as safeguarding, manual handling and dementia awareness, all of which are relevant to their roles. Care workers we spoke to told us they feel supported by the management but did not always receive regular supervision. We looked at records relating to supervision and appraisal and found staff are not receiving the required level of formal support. This is important as it gives them the opportunity to discuss any concerns and reflect on their performance. The management told us the pandemic had impacted heavily on the services training and supervision schedules and they are working to resolve the issues. We explained these are areas for improvement which we will review at our next inspection.

Governance and quality assurance systems help services reflect on their performance and develop. We found the service needs to develop their systems further to drive improvement. We viewed a selection of policies and procedures and found some minor adjustments are needed to ensure they are aligned with national statutory and best practice guidance. Care workers said they are able to access policies easily if they need to do so. We saw evidence the Responsible individual (RI) visits the service regularly and meets with people and staff to discuss service delivery and operational matters. The service is required to complete a quality-of-care review on a six-monthly basis and produce a report which highlights the services strength's, areas it can improve and the analysis of data such as safeguarding matters, notifiable incidents, concerns, and complaints. We looked at the last two quality of care reports and found they lacked detail and did not include all of the required information. We told the management team this is an area for improvement which we expect them to address by the next time we inspect.

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
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15	The provider is not compliant with regulation 15(1)(a)(b)&(c). This is because personal plans do not contain sufficient detail on the following: - On a day to day basis how needs will, be met - How the individual will be supported to achieve their outcomes - The steps to be taken to mitigate any risks to the persons wellbeing	New
16	The provider is not compliant with regulation 16(1). This is because personal plans have not been reviewed within the required 3 monthly timescale	New
36	The provider is not compliant with regulation 36(2)(c)&(d). This is because not all staff have received supervision and appraisal in line with regulation and not all staff are up to date with their core training requirements.	New
57	The provider is not complaint with regulation 57. this is because we identified a number of environmental hazards on the day of our inspection	New
58	The provider is not compliant with regulation 58(1)&(3). This is because sufficient detail regarding the administration of medication is not recorded in peoples care documentation and the medication policy is missing some key best practice guidance.	New
80	The provider is not compliant with regulation 80(3). This is because information detailed in quality of care reports lacks detail and do not contain all of the required information.	New

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