



## Inspection Report on

**Cwmaman Care Centre**

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

## **Date Inspection Completed**

20/12/2023

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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	24 February 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 living in Cwmaman Care Centre are supported by a staff team who work well together and show warmth and affection towards them. Many staff have worked for the home for several years and so are very familiar with people's needs and preferences. There are two activities co-ordinators at the home who work on a timetable of activities every day. There have been some improvements in the content of people's care plans, however more work is required in this area. Care plans are now being reviewed at regular intervals. Daily notes are logged throughout the day and contain valuable information about each person. Medication practices have been strengthened.

The issues identified with the environment at the last inspection have been addressed and there is redecoration and maintenance work ongoing in the home. Staff have completed core training and receive supervision regularly. They report positive experiences of working at Cwmaman Care Centre. The Responsible Individual completes monitoring visits for quality assurance, as required.

## Well-being – Needs improvement

People are supported to have control over their day-to-day life. Care staff support people to make decisions throughout the day, follow their chosen daily routines, and interact and engage as much as possible. Not all personal plans reflect people's preferences about how their care is delivered. Care staff facilitate people to have access to external health care. Kitchen staff are familiar with people's dietary needs and food preferences, and although menus are on a monthly rotation, people can request alternative meals and snacks should they wish. People we spoke to say the food served to them was good, and they enjoyed it.

There are opportunities for people to be stimulated, interact and engage with each other. There are two activities co-ordinators who work at the home every day, and have a timetable of events for people to participate in. They also allocate one-to-one time with people who spend their time in their rooms. In house activities cover physical exercise and flexibility, and mentally stimulating quizzes or puzzles. Activities staff are also now prioritising community access and trips out with those who wish to participate, building up networks within the community.

There are systems in place to protect people from harm or abuse. We looked at accident and incident reports and found referrals for these had been made appropriately. There is an up-to-date safeguarding policy in place, and all staff have completed mandatory safeguarding training. Care staff report they would tell their senior or manager if they had any concerns for people's wellbeing. Not all care files contain required risk assessments for situations where people may be vulnerable and the threshold at which intervention would be required.

People seem settled in their home environment. Many people use the communal areas on each floor, and the activities co-ordinator told us they spend one-to-one time with people who remain in their bedrooms. There is a lift to enable people to access all floors in the home, with support from care staff if required. Areas that could pose a hazard to people are now secure, and the home appeared clean and tidy on the day we visited.

There are Welsh speaking staff working at the home who can converse with people in Welsh when they wish. At present, there is no one living at the home who require their whole care provision in Welsh.

## Care and Support - Needs improvement

People told us they are generally very happy living in Cwmaman Care Centre. They told us: *“they’ve really helped me”, “the food is lovely here”, and “the staff here are good”*.

The home uses an electronic care management system, which enables care staff to have easy access to care documents and log information about people’s care quickly throughout the day. There have been improvements in the content of people’s care plans, however at the time of this inspection we still found that not all care plans contain relevant and up to date information to enable people to receive the right care at the right time, or for care staff to minimise potential risks to their safety or wellbeing. Although most care staff have worked for the home for a long time, and are therefore familiar with people’s needs, anyone who was less familiar with them could potentially place them at risk. This remains an area of improvement and will be followed up at our next inspection. Care plans are now being reviewed at regular intervals and include some references to events in daily logs that may be relevant. Daily logs are completed frequently and contain important information about a person’s needs, health and general wellbeing.

People are supported to be as healthy as they can be. We saw evidence of regular contact with GPs and community nurses, as well as referrals to specialist practitioners such as the Specialist Dementia Team. Care plans need to contain the advice and guidance from these health professionals. Medication is stored safely, and we saw it being appropriately administered and recorded. At the time of the last inspection, there were improvements required to the medication policy and the recording of covert medication. These are now in place.

Infection control and hygiene policies and practices are in place at the home. We saw care staff wearing appropriate personal protection equipment (PPE) for close contact care. We spoke to domestic and laundry staff and they explained their cleaning practices and confirmed they had appropriate equipment and resources to do their work. We found the home to be clean and tidy when we visited.

## Environment - Good

People live in an environment which enhances their wellbeing and helps them achieve their personal outcomes. At the time of the last inspection, there were issues with the safety of the environment that required attention. During this visit, we saw that these had all been addressed. There are some ongoing maintenance jobs that management have actioned, and redecoration is being done in the home. The home is across three floors, with a lift to enable access. There are communal lounges and dining rooms on ground and first floors. People on the lower floor are more mobile and independent and can access the ground floor themselves.

There is a rolling schedule of servicing and maintenance in the home. Two maintenance workers are employed to complete regular monitoring checks and small repair or replacement jobs. External contractors complete servicing and maintenance of facilities and utilities, such as mobility aids and hoists, the lift, and the fire system. Areas of the home containing substances that may be hazardous to health, such as the medication room and laundry, are locked. The home environment is considered as part of the quality monitoring visits completed by the Responsible Individual.

## Leadership and Management - Good

Care staff report feeling settled in their roles and enjoying their work. They told us *“I’ve been here for years and years, I love it here, I love the people we support”, “It’s very busy here, it would be great to have more time to sit and chat with people”, and “I do think [management] listen, they do try to solve any problems we’ve got”.*

People are supported by staff who are safely recruited, trained and supported in their roles. We sampled some staff personnel files and found that they contained all the required recruitment and vetting information. All staff are working with a current Disclosure and Barring Service (DBS) check. At the time of the last inspection, not all staff were up to date with mandatory training and not all staff had received regular supervision sessions with their line managers. We saw that good progress had been made in this area. Care staff told us that they were happy with the training and supervision they receive and feel supported at work. Training courses are booked in advance, and supervisions are recorded on a matrix to minimise lapses in their frequency.

Quality assurance processes are in place. The Responsible Individual visits the home to complete monitoring visits as required. The reports from these identify actions that need to be taken to address things that need improving. Biannual quality reports consider feedback from people living at the home, staff and visitors. Events in the home are referenced in the report, although more analysis of incidents would identify any patterns or trends. There are up to date policies and procedures for care in the home. Staff can request these from management, however these should be made freely accessible should they be needed.

### 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

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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	Not Achieved
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	Achieved
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.	Achieved
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	Achieved
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.	Achieved
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.	Achieved

### **Was this report helpful?**

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