



Inspection Report on

Awel y Mor Care Centre

**Awel Y Mor Care Centre
Brynafon Road Gorseinon
Swansea
SA4 4YF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

12/12/2023

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About Awel y Mor Care Centre

| | |
|---|--|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Barchester Healthcare Homes Limited |
| Registered places | 58 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 25 Feb 2022 |
| Does this service promote Welsh language and culture? | 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

People who live in Awel y Mor and their relatives told us they are extremely happy with the care and support provided. A visiting professional told us the standard of care provided at the home is very high and any concerns are reported promptly. Care staff told us they receive excellent support from the management team. Care planning processes are robust and thorough. There are very good staffing levels that correspond with the statement of purpose (SoP). A competent and well trained team of nurses and care workers work in the home. There are highly effective quality assurance processes for oversight of the service provided and a dedicated, committed management team.

The accommodation is extremely well maintained and presented to a very high standard. There are well-kept grounds that people can safely access. Bedrooms are personalised to the taste of the individual. There are beneficial and rewarding organised activities people can participate in. There are therapeutic activities taking place that benefit people's physical and mental wellbeing. People told us the quality, variety and choice of food is very good.

People are safe and staff understand the importance of safeguarding and reporting any concerns. The building is secure with all entrances and exits locked and alarmed. There are good infection control procedures in place and the home is clean, well-ordered and clutter free throughout.

Well-being

People have an integral voice in the service and are consulted with all aspects of their care wherever possible. Prior to moving in, service assessments are carried out with people and/or their representatives to ensure the service can fully meet their needs. Staff and managers are dedicated and committed to the work they do. People and relatives informed us they are very happy with the support provided and caring approach of staff. Relatives informed us communication with and from the service is very good. We noted positive interactions between staff and people throughout the inspection. Regular personal plan reviews take place and relatives are updated with any changes. People participate in important decisions within the service and are consulted on a regular basis about their preferences and choices. People have consistently active social lives. There are excellent therapeutic and beneficial activities that enhance and maintain people's physical and mental wellbeing taking place on a regular basis. The service is considered integral in the heart of the local community. The service has developed highly successful relationships with local schools and numerous others to enable and facilitate activities both inside and outside the home.

People live in a service that has been purpose built to a very high standard to meet their needs. The facilities are excellent, people can spend time in communal areas or in the secure outdoor areas that are inviting, safe and well maintained. The provider has invested in significant re-decoration and refurbishment recently. There are specific therapeutic spaces to enhance people's physical and mental wellbeing. There are robust and thorough health and safety checks with full compliance in relation to building safety. The service is clean and clutter free throughout.

People are protected from harm and neglect. All staff are up to date in safeguarding training and those spoken with are aware of their responsibilities to report any concerns they have about people they support. The provider has policies and procedures in place to ensure the safe running of the service. The current SoP is consistent with the service provided. Visitors are fully welcomed and have access to communal facilities and activities.

There are highly effective oversight and governance arrangements within the service. The responsible individual (RI) and regional manager visit regularly and all documentation seen as a result is extremely detailed and thorough. Staff receive core and specialist training in a wide variety of subjects in line with the SoP. Staff workers receive regular planned supervision and appraisals. All staff feedback gathered as part of the inspection is extremely positive about the culture and management support provided.

Care and Support

People receive an excellent standard of care and support at Awel y Mor. We spoke to four people using the service a relative and two visiting professionals during the inspection. A person told us; *“brilliant here 11 out of 10. All staff are very kind and caring. Nothing is too much trouble for them. Also brilliant entertainment and activities. No complaints or concerns whatsoever”*. A relative stated; *It’s excellent here and very clean. Very nice staff. Managers are also very nice and supportive, they keep in touch regularly and let me know what is going on. I could not provide better care myself”*. A visiting professional told us; *“Always plenty of staff around. Good communication from and with staff. Staff will act on any recommendations we make. Residents are very happy and well cared for here”*. Positive and respectful interactions were observed between care workers and people throughout the inspection.

People’s care and support needs are clearly documented in a detailed, thorough and regularly reviewed personal plan. A sample of personal support files viewed contain very strong personalised information regarding likes, dislikes, care and support needs and risks. The deputy manager completes separate reports that detail people’s progress and achievement of outcomes. The provider operates a ‘resident of the day’ process where people are consulted and involved in the planning of their care and support. Monthly resident meetings take place. There is comprehensive information regarding health care needs such as pressure area care and specific risk assessments for staff to follow. The service has highly effective links with the local surgery and community services when necessary. There are thorough and robust pre-admission procedures to ensure the service can meet the care and support needs of people.

People have fantastic opportunities to do things that matter to them. There is a dedicated activities and therapy team in place providing specialist rehabilitation support including physiotherapy and exercise programmes. We saw a busy activities diary/board and observed many activities during the inspection. There are strong links with the local community including local schools. Children have recently visited the home to sing carols in Welsh and English. Relatives are also encouraged to participate in activities in the home such as a Tai Chi classes. There is a very busy and active feel in the service and people told us they enjoy all of the activities in and outside the home.

There are very robust systems in place to protect people from harm and neglect. People who do not have the capacity to make their own decisions about aspects of their care and support and accommodation have appropriate up to date Deprivation of Liberty Safeguards (DoLS) in place. Safeguarding training is mandatory for all care staff in the service and those spoken with demonstrate good knowledge of the safeguarding procedures and awareness of their responsibilities to report any concerns.

Environment

People are cared for in a high quality, clean, homely and secure environment. People's bedrooms are ensuite, nicely decorated, clean and personalised to the taste of the individual. People like living in the home and referred positively to bedrooms and communal areas. We saw external exit and entry doors to the home are safe and secure. The home is extremely well maintained and decorated. There have been major works completed in the service since the last inspection including; full redecoration and refurbishment of communal living spaces, lounge and dining areas. Two new ensuite bedrooms have also been added. We viewed the kitchen and food preparation areas and were informed there is a current food hygiene rating of five (very good) in place. This means that there are high standards in place regarding food storage, handling and cleanliness. The kitchen staff have good knowledge of people's dietary needs including specialist requirements such as diabetes and swallowing difficulties. All people spoken with inform us they enjoy the variety and choice of meals. We viewed the well maintained grounds and external sensory area that includes a raised carp pond and new pathway. There is a locked office area and we saw care and staff files are stored safely and securely. The home has a dedicated gym and we saw people participating in activities such as cycling and exercising supervised by trained staff. There is also a sensory room and we saw a person participating and enjoying music therapy with a multi-sensory specialist coordinator.

The home fully aligns with the Welsh Active Offer. There is a 'Cwtch Corner' in the lounge that contains Welsh books, puzzle books, cookery books and other Welsh traditional items. All staff who speak Welsh wear an identifiable lanyard. The home has dual language signage throughout and also Welsh and English communication cards. To develop further the provider plans to translate menus into Welsh.

The environment is safe, secure and there are robust processes in place to ensure checks are completed and documented. Safety certificates for gas installations, lift operation, fire alarms, hoists and slings, portable appliance tests (PAT) are in place. We saw detailed and comprehensive oversight of all maintenance, accidents, infection control, fire procedures and health & safety in the home. We saw cleaning products are stored safely, appropriately and according to control of substances harmful to health regulations (COSHH). There is a dedicated laundry room and soiled items are separated from clean, thus observing good infection control. Fire alarm checks are completed regularly and documented accordingly.

Leadership and Management

There are consistent, highly effective oversight arrangements in place to oversee the service quality. There is a very well respected and dedicated manager in post who is highly regarded by the whole staff team and has recently achieved national awards. The manager is supported by an experienced deputy who has worked in the service for many years. They are supported by a team of passionate and committed nurses, care staff and therapists who want to do their best for people. The management team carry out audits of systems within the service routinely and further audits are carried out by the provider's external audit team which includes health and safety. Regular visits are carried out by the RI. Reports following these visits were seen and further detail was included in the very detailed and thorough bi-annual quality of care reviews. These reports are of a very high quality with detailed oversight and celebrations of achievements of the service as well as improvements identified. We noted people, relatives and staff are included and consulted in relation to quality assurance and actions have been completed as a result. This includes a new pathway recently installed around the home and an additional therapy technician being recruited. There is very good oversight of financial arrangements and investment in the service. The provider actively seeks ways to continuously improve the service. There are detailed and thorough, regularly reviewed policies and procedures in place to guide staff. The current SoP is reflective of inspection findings.

The provider has a dedicated administrator and human resources department to ensure care staff are recruited safely and appropriately. We looked at eight staff files and found the required documentation in place for safe recruitment, including up to date Disclosure and Barring Service (DBS) checks. Care staff receive regular and routine supervision and told us they feel supported in their roles. Comments include; *"very well supported, we can ask for support – open door policy"* and *"brilliant, amazing any questions I can get an answer. Completed full induction, really helpful – online tests etc and very informative"*. We saw the training matrix and nearly all staff are up to date with the providers mandatory training which includes moving and assisting people, infection control, food safety, tissue viability etc. We spoke with many care staff during the inspection and received feedback surveys electronically. Almost all staff told us they feel valued and happy in their work. Feedback about working in the service overall was excellent, with every response saying that they would recommend working in the service. The manager told us that access to support from the provider was very straightforward and they are supported very well by the RI and regional manager. All care staff are registered with Social Care Wales (social care regulator in Wales) and nurses with Nursing & Midwifery Council (nursing regulator in Wales). There is good compliance in relation to staff supervisions and appraisals taking place.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|---|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 44 | One boiler was out of service at time of the inspection, and one boiler was in use. | Achieved |

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