



Inspection Report on

Llys y Tywysog Care Home

**Llys-y-tywysog
Clos Pengelli Grovesend
Swansea
SA4 4JW**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

10/03/2023

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About Llys y Tywysog Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Barchester Healthcare Homes Limited
Registered places	54
Language of the service	Both
Previous Care Inspectorate Wales inspection	22.09.2021
Does this service provide the Welsh Language active offer?	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

All feedback gathered from people, relatives, staff and a visiting professional is extremely positive regarding the care and support provided to people. A competent and well trained team of care workers work in the home. There are robust quality assurance processes for oversight of the service provided and a dedicated management team. A regional manager and the responsible individual (RI) provide external scrutiny and support. Support planning processes are detailed and thorough. Staffing levels are consistent with the statement of purpose (SoP) and altered when necessary in relation to people's needs.

The accommodation is well maintained and presented to a high standard and further upgrades are planned. There are well-kept grounds that people can safely access. Bedrooms are personalised to the taste of the individual. There are a wide range of beneficial and rewarding organised activities people can participate in. People told us the variety and choice of food is 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 and well-ordered throughout. The service aligns with the 'Active Offer' and the Welsh language.

Well-being

Practices and processes in the service support people to maximise their physical and emotional well-being. Staff working in the service are committed and motivated to provide good outcomes for people and a high quality of care and support. We saw good evidence of people making positive progress in relation to their wellbeing and health. People and relatives informed us they are extremely happy with the support provided and caring approach of staff. Relatives informed us communication is very good with and from the service. We noted extremely positive interactions between staff and people throughout the inspection. Policies and procedures provide clear guidance for staff to understand their role and how they should provide care and support. The current statement of purpose (SoP) is reflective of the service provided. There are good processes in place for assessing, monitoring and reviewing the care and support needs of people. Care workers receive both core and specialist training. Care workers receive regular planned supervision in addition to accessing good support and advice when necessary. People are consulted about their preferences, choices, and support needs. The services continues to align with the 'active offer' in relation to the promotion of the Welsh language in service provision.

People live in a safe and high standard of internal and external environment. The provider continues to promote investment in further beneficial environmental changes. People have the opportunity to access well maintained and pleasant external grounds. All entrances and exits to the service are safe and secure. People spoke highly of the standard and choice of food provided and different dietary needs are catered for. There are robust environmental health and safety checks completed. People have access to a wide range of structured and planned activities in and outside the home. People are consulted about their preferences, choices and support needs.

There are very robust oversight and governance arrangements within the service. The management team, RI and regional manager, are accessible and supportive. There are very robust quality assurance processes including regular external scrutiny by the RI and regional manager. There are planned staff and resident meetings taking place with clearly documented actions as appropriate. Staff are recruited safely and mandatory employment checks are completed routinely.

Care and Support

People are supported by experienced, committed and well trained staff. We spoke to four people a relative and friend, we received very positive comments regarding the care and

support received. A person told us; *“very good staff here, very polite and respectful, all staff are lovely”*. Another person stated; *“marvellous here the staff are excellent – polite, respectful ... everyone has been very nice”*. A friend told us; *“I think it’s brilliant here and the staff are really good. Our friend is well looked after, no complaints or worries. Very good”*. We also spoke to a visiting professional who stated; *“I visit daily, welcoming, clean, friendly – good contact and communication. They are really good and will often ask us our opinion about matters when we are here which is really good. No concerns whatsoever about standards of care”*. We saw supportive, warm and friendly interactions between staff and people throughout the inspection. We spoke to care workers and saw documented evidence of both specialist and core staff training. Staff training provided includes; dementia, fire safety, infection control, safeguarding. We saw good training compliance for all staff working in the service. All care workers are in the process of or are registered with Social Care Wales (SCW – the social care workforce regulator). Care workers have either completed or are working towards a Qualification and Credit Framework (QCF) in care at the appropriate level.

Staffing levels are consistent with the statement of purpose (SoP) for the service. The manager told us new care workers have recently been recruited and although agency staff are still utilised, dependency on this is reducing. The provider uses a system for ensuring staffing levels are consistent with people’s needs and we saw detailed reports documenting this. People have access to a range of stimulating and beneficial activities both internal and external to the service. There are two dedicated activities coordinators working in the service. We saw a good range of organised activities people can participate in. More external activities are planned over coming months.

People’s care and support needs are clearly documented in a detailed, thorough and regularly reviewed support plans. Managers and care workers have good knowledge of people’s on-going care needs. A sample of personal plans viewed contain detailed information regarding likes, dislikes and promotion of independence. There is comprehensive information regarding health care needs such as diabetes and pressure area care and person specific risk assessments. We saw thorough recordings documenting contact with external health professionals where required. We saw documents evidencing people making good progress including gaining weight and improving diet. There are thorough and robust pre-admission procedures including assessment, transfer and new person’s checklists. There are daily handovers of care arrangements in place. There are regular planned resident meetings and we spoke to people about their participation in these which they valued. We completed an audit of medication procedures in the service and found robust and thorough processes are in place regarding storage, administration and ordering.

Environment

People live in a well maintained, homely, safe and high standard of internal and external environment. We viewed all communal areas of the service, including the lounge area on both floors, dining room, bathrooms, kitchen and laundry room. We noted some minor repairs needed in two bathrooms which were completed at the time of inspection. The manager told us the person responsible for maintenance left some months ago and a new maintenance person and assistant have recently been recruited and will start shortly. The provider has ensured that support has been sustained in the interim by maintenance staff from other associated services who visit regularly. We saw all communal areas of the service are clean, clutter free and well presented. The manager told us of updates completed since the last inspection including new flooring in corridors, extending the existing dining room and levelling an external patio area. There are also planned future updates to communal bathrooms. We viewed a selection of bedrooms and found them to be personalised, clean and well decorated. The kitchen is presented to an extremely high standard and has a current food hygiene rating of five (Food Standards Agency) which is the highest possible award. This means there are high standards in place regarding food storage, handling and cleanliness. The kitchen staff have a good knowledge of people's dietary needs including specialist requirements such as diabetes and swallowing difficulties. All people spoken with informed us they enjoy the variety and choice of meals provided. We saw good infection control and cleanliness measures are maintained throughout the service.

The environment is safe and there are robust processes in place to ensure checks are completed and documented. Safety certificates for gas installations, electrical safety certificate, lift operation, fire alarms, hoists and slings, portable appliance tests (PAT) are in place and current. We saw a comprehensive file containing documented oversight of all maintenance, accidents, infection control 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 large, dedicated laundry room and soiled items are separated from clean, observing good infection control. Fire alarm checks are completed regularly and documented accordingly.

Leadership and Management

There are very robust and thorough arrangements for oversight and governance in the service. There is a dedicated management team and a new deputy manager has recently been appointed. This is complimented by external scrutiny and support from a regional manager and the RI. We spoke to three staff members and received five staff feedback questionnaires. All feedback gathered is extremely complimentary of the management support in place. A care worker told us; *“A good place to work any problems or issues management sort quickly and efficiently. A friendly and happy place”*. There are opportunities to progress and many of the staff spoken with have achieved promotion to more senior roles in the service. Many of the staff we spoke to also told us they had returned to work in the service after a period working in another external job. The current SoP accurately describes the service provided. We read reports such as quality of care reviews that cover areas such as consultation with people, staff, quality improvement, safeguarding, and accommodation, with clear related actions. There are written records of regular visits by the RI and regional manager. We saw many positive interactions between managers and staff and with people living at the home.

The provider has good financial oversight and continues to invest in improvements. Occupancy has risen in the service and the manager told us there has been an initiative to increase awareness of the service in the community.

Staff receive a high level of support from managers and colleagues to enable them to provide a quality service to people. Staff records are kept in a locked filing cabinet in an office. Records indicate new care staff receive a thorough induction aligned with the All Wales Induction Framework (AWIF). Staff files contain the appropriate recruitment information and evidence of checks including current Disclosure and Barring Service (DBS) certificates. There is good compliance in relation to staff supervisions and appraisals taking place. There are regular documented staff and management meetings taking place. There are detailed and regularly reviewed policies and procedures available to guide staff. We looked at a selection including the complaints, safeguarding and whistleblowing policies. These are all clear, current and thorough to ensure staff have good guidance when completing their work tasks.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 31/05/2023