



Inspection Report on

Llys Gwyn House Limited

**LLYSGWYN HOUSE RESIDENTIAL HOME
21 CAECERRIG ROAD PONTARDDULAI
SWANSEA
SA4 8PE**

Date Inspection Completed

10 September 2021

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About Llys Gwyn House Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Llysgwyn House Limited
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	20 February 2019
Does this service provide the Welsh Language active offer?	Yes

Summary

Llys Gwyn is a welcoming residential home in the town of Pontardulais in Swansea. The service provides support to people who require personal care and/or support by a dedicated staff team. People are treated with compassion and kindness from a care team who are content in their work and supported by a visible management team. There are procedures in place to ensure care is provided to meet peoples changing needs and timely intervention if additional support is required. People live in a service that is well maintained, homely and welcoming. The home benefits from several communal areas with both indoor and outdoor seating areas to enjoy the company of others. There is good oversight of the service by the Responsible individual who visits regularly.

Well-being

People have a voice and are treated with dignity and respect. Personal plans are written from the individuals' perspective and give a good insight into the person and the assistance they require. Relatives spoken with confirmed personal plans are discussed and communication from the home regarding any concerns about people's well-being is good. People, their relatives and care workers all feel a good service is being provided to people in Llys Gwyn.

People's physical, mental health and emotional wellbeing is promoted. The service has procedures in place to ensure people have access to additional support from relevant professionals when required. Care staff know people well and are able to recognise any deterioration in health and well-being. Good procedures are in place to manage medication requirements in the home. Care plans are reviewed routinely to ensure people's current needs are supported appropriately.

People are protected from harm and neglect. The service have policies and procedures in place which have been reviewed, this includes the safeguarding policy. Care workers spoken with are aware of their responsibilities to report any concerns they have and the procedures to follow, despite delays in training. We saw Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care and support. There are suitable security arrangements in place for entering and leaving the building. There are routine maintenance and health and safety checks in place to maintain the environment to ensure people are safe in the service.

People are supported to maintain relationships. We saw there are good procedures in place to support visiting in the service, which is following the current guidance due to the Covid-19 pandemic. Relatives spoken with are reassured by the arrangements in place in the home for visiting people at this time and were complimentary of the level of communication they had with the service. Care workers were observed to have good camaraderie with people as did people living in the home with each other.

Care and Support

People can be assured the service has an accurate and up to date plan for how their care is to be provided in order to meet their needs. We looked at four care files and saw personal plans are written from the person's perspective and give a good picture of people and how best to support them. Relevant risk assessments are also in place and along with the personal plans are reviewed and updated with any changes as required. Some personal plans would benefit from being re-written due to the number of updates added to ensure the support required is clear for care staff to see. Relatives spoken to were complimentary of the communication with the care home and felt involved in the care planning process. However, signatures of people or their representatives were not seen on personal plans to evidence this.

There are safe systems in place for the management of medication in the service and to maintain people's health. Medication is stored securely in a locked trolley which is chained to a wall. Temperature checks are in place to ensure medication is stored appropriately. We looked at Medication Administration Records (MAR) charts and saw these are completed accurately. However, when handwriting medication onto MAR charts, two signatures were not seen to confirm these have been double checked for accuracy. We saw good logs of communication and timely referrals to medical professionals and/or specialists to seek additional support for people when needed.

The service promotes hygienic practices and manages the risk of cross infection. On entering the home we were required to show a negative lateral flow test. We saw visitors waiting in their cars for their results before entering the home to visit their loved ones in their bedrooms as per the current guidance. Clean personal protective clothing was available on entry for visitors to apply and a bin for removal on leaving. We saw all care staff wear Personal Protective Equipment (PPE) appropriately. Communal areas and bathrooms are kept clean and domestic staff were seen busy cleaning bedrooms during the visit. The home is part of multiple weekly testing regimes to minimise the risk of Covid-19 from coming into the service.

Environment

The provider ensures that individual's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. Llys Gwyn has outdoor areas for people to enjoy and parking facilities for a few cars. There is outdoor seating in the front walled garden and also in the rear courtyard for people to enjoy in fine weather and to facilitate outdoor visits. The service benefits from multiple communal areas so people can choose where they would prefer to spend their time. People appeared relaxed and comfortable in these areas. Communal areas have recently been painted and the home looked clean and welcoming. Bedrooms are refurbished prior to people moving in to the home and personal items are encouraged to personalise bedrooms.

The service provider has procedures in place to identify and mitigate risks to health and safety. We saw the maintenance log and saw repairs and issues are logged and rectified in a timely way to minimise risk to people with the maintenance person on call should any urgent issues arise. Environmental checks and audits include water temperatures, manual handling equipment and window restrictor checks are carried out routinely to ensure the environment is safe. We saw certificates for mandatory utility servicing and fire safety service checks were up to date.

Leadership and Management

The service provider has systems in place to support the safe operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. The service's Statement of Purpose (SOP) has been reviewed and accurately reflects the service. Policies and procedures have also been reviewed and updated as required to include updated guidance for care homes. The manager has been in post a number of years and is visible in the service on a daily basis. Care workers and relatives spoken with were complimentary of the management of the service, comments included: *"the door is always open for us to speak to the management"*, *"manager is approachable and organised"* and *"We work well as a team and get plenty of support from the management"*.

The service has a dedicated care team who are supported in their role. We saw staff receive regular supervision and an annual appraisal. We looked at the training matrix and saw there are gaps in mandatory training e.g. manual handling and safeguarding. The manager explained training has been booked in for the next month. However, due to the Covid pandemic, ensuring staffing levels were adequate to provide support to people is a priority. We have advised the provider to ensure mandatory training is up to date for all staff. The Inspector will follow this up at the next inspection. We looked at four personnel files and saw documentation for vetting and recruitment are up to date including Disclosure and Barring Service (DBS) checks. Care staff spoken with are happy in their roles and comments included *"I enjoy my work"* and *"I'm happy here"*.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance procedures. The most recent bi-annual quality of care report was seen. This report includes feedback from people, their relatives and staff at the service. We saw details within this report includes an overview of what the service is doing well, any issues noted and improvements needed. We saw the Responsible individual (RI) completes quarterly reports and visits the service routinely on a weekly basis.

The service provider has good oversight of financial arrangements and investment in the service. We saw the communal areas have been painted in the service recently. People are complimentary of the food in the service, feedback included *"the food is great"* and *"X can always have more if they want- and they often do"*. Care staff spoken with told us there is always a good supply of equipment for activities for people to enjoy. Staffing levels on the day of the inspection visit and on the scheduled rota's appear to be adequate to meet the needs of people. All care staff spoken with did say that they feel the service would benefit from more staff. The manager told us they agree with this and are recruiting staff. However, there are very limited numbers of people applying for vacancies at present.

Areas for improvement and action at, or since, the previous inspection. Achieved

We have advised the registered persons that In order to fully meet the legal requirements improvements are needed in relation to the safe storage of care files (regulation 59 (3)(b)) . A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered persons to take action to rectify this and it will be followed up at the next inspection

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

None

Areas where improvement is required

We have advised the registered persons that In order to fully meet the legal requirements improvements are needed in relation to the training delivered to staff A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered persons to take action to rectify this and it will be followed up at the next inspection

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published 11/10/2021