



Inspection Report on

Celtic Dawn Care Home

**412 Llangyfelach Road
Brynhyfryd
Swansea
SA5 9LH**

Date Inspection Completed

23/11/2021

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About Celtic Dawn Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Celtic Care (Swansea) Ltd
Registered places	2
Language of the service	English
Previous Care Inspectorate Wales inspection	18/10/19
Does this service provide the Welsh Language active offer?	Yes

Summary

People are happy, healthy and safe. They know and understand the care, support and opportunities available to them. Care staff positively encourage people to make choices, follow their interests and engage in rewarding activities. Care staff support people to be independent, keep active and achieve their individual goals. Care staff know people well and they follow people's plans to provide consistent care and routines. They are responsive and patient, and people value their relationships with care staff and the support they receive.

People are cared for in safe, secure and well-maintained surroundings. The home provides well for people with a spacious, well-furnished communal area and bedrooms with en-suite facilities for people to personalise as they choose. People feel comfortable and 'at home' as they are cared for in a pleasant, homely and clean environment.

The management and leadership deliver a service to keep people safe and to make a positive difference to their lives. Quality assurance processes are in place to ensure oversight of the service.

Well-being

People are able to express their views and make choices about their day-to day care including their menu and meal time preferences, activities and how they wish to spend their time. People told us of their interests and hobbies and how they participate in classes and activities in the community. Care staff show respect and support people to spend time doing what they enjoy and what matters to them. People are able to access an advocate and we saw some people had regular visits which took place in the home.

Care staff work with people to support their emotional and physical health. They have contact with health professionals, monitor people's health and ensure they contact the relevant health professionals when people need specialist support. Care staff encourage people to keep active and follow a healthy diet. Meals are prepared and people are encouraged to assist in meal time preparations, make their own drinks and snacks. Regular routines are in place to support people's well-being and promote their self-care skills, health and well-being. Care staff follow positive behaviour plans to reduce people's anxieties and support their behaviour. They are familiar with people's preferences and are flexible and adaptable to support their changing needs and views.

People have access to and participate in community-based, organised activities of their choice and enjoy spending time with care staff shopping, walking and enjoying local amenities as well as trips further afield. On the day of our visit, people were going for a walk to a local café and told us of a trip planned to the theatre for later in the week.

People are safe. Care staff complete safeguarding training and understand the action to take if they have concerns for people's well-being and how to escalate concerns. There are systems and checks in place to ensure the environment is a safe place for people to live.

The home supports people to achieve their well-being. On the day of our visit, the manager and care staff were decorating the home for Christmas and involving people to join in and participate in this activity. Management has effective oversight of the maintenance of the home and health and safety measures are in place to promote hygienic practices and manage the risk of infection.

Care and Support

Care staff provide responsive and proactive care and anticipate people's needs. They consult people on a day to day basis on how they wish to receive care and make decisions to improve and sustain their quality of life. Care staff listen to people and respond to them in a caring, supportive manner and in a way they understand.

Personal plans are in place and reflect people's needs, what matters to them, their wishes and their desired outcomes. They are produced in a format for people to understand and they are provided with a copy of their plan. Positive behaviour plans are individualised to support and provide guidance to care staff on how to support people's behaviour.

Arrangements are in place to ensure risks are minimised as far as possible. A review of some individual risk assessments would ensure risks are still current, relevant and provide a distinction between the support people require and potential risks to themselves and/or others.

People are safe. Care staff understand what action to take to ensure people's protection and have received safeguarding training. Where limitations or restrictions are imposed on people, appropriate authorisation is sought to ensure this is in their best interest. Measures in place to reduce the risk of people and care staff contracting Covid-19 are consistent with current Welsh Government and Public Health Wales guidance.

Systems are in place to ensure the oversight and management of medicines and guidance provided for staff on administering PRN (pro re nata) medication. We discussed with the manager a review of the arrangements for the administration of some medication and this was acted upon and advice sought immediately following our visit.

Environment

People live in a home that meets their needs and supports them to achieve a sense of well-being. Bedrooms are spacious with suitable storage and contain personal items including family photographs which people told us are important to them. There is a shared living/dining room and a large kitchen with a table and chairs which provides for informal meals and breakfast. The office is located on the first floor. All areas of the home are clean, attractively furnished and well maintained. We recommend signage on doors and in the kitchen are removed so as to not detract from the homely environment provided. The rear garden offers space for people to sit and spend time and is well maintained and appropriate for the needs of people living in the home.

Care staff complete regular health and safety checks of the premises. The home identifies environmental risks and takes steps to reduce these risks and provide a safe home environment. A fire risk assessment is in place and care staff organise fire drills and regular testing of fire safety equipment and smoke detectors. Personal Emergency Evacuation Plans (PEEPs) support individual's need. The home is safe and secure to help people achieve their personal outcomes.

Leadership and Management

Governance arrangements are in place to support the operation of the service and a manager provides day to day oversight of the home. Improvements to the service have ensured enhanced experiences and outcomes for people to support a person centred approach to care and support. The service has developed to meet compliance with the improvements and non-compliance notice issued at the last inspection. The manager confirmed they are in regular contact with the RI and another senior manager in the organisation.

The statement of purpose accurately describes the service arrangements in place and is regularly reviewed and updated when there are any changes. People living at the home have a service guide in an accessible format and this reflects the statement of purpose. Information on the 'active offer' of the Welsh language should be included in these documents and reflect the provision available. Policies and procedures have been reviewed although the service's complaint's procedure would benefit from a further review to ensure clarity of how the service responds to any issues raised.

Care staff are appointed following safe recruitment processes. An induction programme ensures their understanding of their role, care practices and how to support people at the home. We discussed with the manager the need to obtain copies of people's qualifications and verify employment references prior to their appointment. Care staff receive support in their role through regular supervision as outlined in the service's statement of purpose. The manager told us team meetings have taken place but with less frequency and have recently been reinstated and are scheduled to take place every two months. Care staff receive training which takes place mostly via an online training provider but the manager told us classroom based training will be accessible following the lifting of Covid-19 restrictions.

The provider has quality assurance systems in place to monitor the operation of the home. The responsible individual visits the home at least every three months. They speak with the people living there, care staff and the manager. They also check records and write a report on their findings, which identifies any areas for improvement. Every six months, a review of the quality of care is completed and a report produced which considers all areas of the service and identifies areas for improvement as required by the regulation. Notifications to CIW have been made in accordance with the regulation. Incident reports need to be completed in line with the service's procedures and to comply with the regulation.

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
21	Regulation 21: Care and support: The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Achieved
80	Regulation 80: Quality of Care The service provider has not ensured suitable arrangements were in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.	Achieved

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
59	The service provider has not ensured a record of a serious incident was completed for retention at the service.	New

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