



# Inspection Report on

**Bonymaen House**

**City & County Of Swansea  
62 Cardigan Crescent  
Winch Wen  
Swansea  
SA1 7DY**

**Date Inspection Completed**

**02 & 03/02/2022**

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## About Bonymaen House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	10/07/2019
Does this service provide the Welsh Language active offer?	Yes. 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

Bonymaen House provides an assessment and re-enablement service for up to 29 people. The service works in partnership with a range of health and social care professionals including nurses, social workers, GP's, occupational therapists and physiotherapists. The aim of the service is to provide short term care and support. The service has great success in enabling people to return home or more suitable accommodation after a period spent in hospital. The management team are hands-on and visible in the running of the service. People are placed at the heart of the service by an experienced and enthusiastic staff team that strive to make a positive difference to their lives. The service is well maintained, and offers a safe environment for people to live.

## Well-being

The oversight and governance arrangements are very good and focus on the wellbeing of people and staff. There were temporary management arrangements in place at the time of inspection, until a permanent manager is confirmed. The senior team are well-led, professional, communicate well and place people at the heart of the service. The responsible individual (RI) is open, approachable and maintains good operational oversight. Quality assurance monitoring, health and safety checks are robust and include detailed quarterly and six-monthly reports. Daily communication and supervision arrangements are good and staff feel supported and listened too. Improvements are needed to staff personnel files to include the required regulatory information. Also, for staff mandatory training to be arranged in a timely manner.

A motivated and highly effective staff team help to improve the physical health and emotional wellbeing of people. There is a strong, experienced team in the service who work well in partnership with other health and social care professionals. Communication is good both internally and externally. People live in a service where their independence is actively promoted and they significantly benefit from a short-term period of re-enablement. Staff know people well, supporting them to achieve their goals in a respectful, encouraging manner. There is an inclusive approach between people, their relatives and staff. The service welcomes visitors in a safe manner. Care planning documentation is good, providing a sense of what goals are important to people and how these are being achieved.

There are systems in place to minimise risks to people and keep them safe. Visiting arrangements are in line with Public Health Wales guidance. Care workers are clear on their infection control responsibilities and were seen wearing the appropriate personal protective equipment (PPE). There are stringent corporate safeguarding and whistleblowing procedures in place, and care workers are clear on their responsibilities. Care workers have a good understanding of individual support needs and any risks identified. The environment is welcoming but also safe and secure through effective systems of security. Environmental health and safety checks ensure the property and equipment is safe for use.

## Care and Support

The service maintains good communication with health and social care professionals. The assessment process is a robust partnership approach where people and their representatives are actively involved. There are clear admission and assessment arrangements in place. We saw the assessment process centred on what people would like to achieve to enable them to return home or alternative accommodation. They also provide an overview of people's medical and social histories. The scope of the service is accurately described in the statement of purpose (SoP) and a guide to service, but will need updating when the permanent management structure has been agreed. These documents are available in Welsh. People were keen to tell us the difference the service had made to their lives. This was evident throughout the inspection.

People live in a service where their independence is actively promoted. People are working with a range of both in-house and visiting health and social care professionals. This includes Occupational Therapists and Physiotherapists based at the service. There is great emphasis placed in regaining/ maintaining every-day skills of which they have great success. There are a range of re-enablement and socially based activities on offer. People told us *"they have really helped my confidence to go home"* and *"they get me to do things for myself"*. There are individual staff members that "champion" key areas such as dementia care, infection control and manual handling. The Welsh language is actively promoted, through Welsh based activities and a Welsh language champion.

Personal plans are goal focussed and include input from both health and social care professionals working with the individuals. Risks are also clearly noted and how these can be minimised. Personal planning documentation is under review. The proposed new documentation was shown to us during the inspection and further improved the recording of goals/ outcomes achieved.

The management of medication is consistently good across the service. Only well trained competent staff administer medication. We shadowed two staff members during the inspection. They were sensitive, professional and knowledgeable on administering medication. Medication administration records (MAR) were accurate. Although the reasons for administering as required (PRN) medication was not always noted in records. This was addressed during the inspection. Regular training is accessible to staff and competency checks carried out by experienced staff. Medication is stored safely and securely in dedicated locked areas within the service.

## Environment

People live in a re-enablement service, where their independence is actively promoted. There is a real positive feel at Bonymaen House. People said *“it’s a lovely place, and staff are excellent”* and *“they really push me to do things for myself”*. Care workers were seen encouraging and supporting people to walk, make themselves snacks and drinks as well as socialise with others. People have access to a well-equipped therapy room, mini-kitchen area as well as a wide range of mobility equipment to assist them in their recovery.

There are consistently good standards of hygiene and infection control measures at the service. The management team maintain very strong infection control protocols in relation to Covid-19. This includes well managed arrangements for relatives and external professionals visiting the service. There are hand-washing and PPE stations throughout the service. There is also a dedicated room for staff to change into their work uniform. Staff complete a lateral flow device (LFD) test before each shift. All visiting professionals sign-into the service, complete lateral flow tests and have temperatures taken before entering. Domestic staff maintain a clear clutter-free environment, where any mobility equipment is safely stored. The laundry equipment has been upgraded and separated into two rooms, one for dirty the other for clean laundry. In discussion, staff are clear on their infection control responsibilities.

People benefit from a well-maintained and safe home environment. Communal areas and bedrooms are nicely decorated and clean. We saw a maintenance file, which contains up to date compliance certificates for gas, electricity and fire safety. Regular fire safety checks are being carried out, although water temperature checks were inconsistent and being reintroduced by the management team. Both the manager and RI undertake regular health and safety audits. Mobility equipment checks are in place, although an external company were overdue in completing their six-monthly safety audits. This is being followed up by the management team. Substances hazardous to health are stored safely with the relevant risk assessments in place.

## Leadership and Management

A substantial change in managers at the service caused some instability. A temporary

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management structure is in place and continue to promote an open and transparent culture. Although staff told us this was a difficult period of time, feedback from care workers was overall very positive. Comments include *“things are now a lot more stable, managers have been very supportive”* and *“we are stronger as a team, and more trusting of each other”*. Permanent management arrangements will shortly be confirmed, as interviews have been arranged. Staff throughout our conversations were looking forward to the additional stability this will bring. Managers are available to staff, relatives and visiting professionals. Communication in the service is highly effective and includes daily handover and regular team meetings.

Improvements are needed to recruitment arrangements. We found gaps in documentation, such as previous employment history, contracts of employment, written references and proof of identification. This information had been checked centrally by the Local Authorities Human Resource Team but should be available at the service. In addition, there are some gaps in training in core subject areas such as safeguarding adults, food hygiene, infection control and health and safety. Assurances were given that both areas will be addressed. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Governance arrangements are rigorous ensuring the management team maintain good oversight of the service. The RI attends the service on a weekly basis and maintains good operational oversight. Feedback from senior staff on the direction and support from the RI was extremely positive. Staff said *“they are amazing”* and *“they always make themselves available”*. Detailed quarterly quality assurance reports are carried out by the RI and their representative. This includes consulting with people using the service, staff and relatives. In addition, other audit areas include health and safety, the environment, staffing issues and the management of medication. We saw any actions/ improvements needed are recorded and followed up at the next audit. Staff have access to a range of corporate policies and procedures to assist them to carry out their roles and responsibilities.

### 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
35	Staff records were incomplete. Ensure staff personnel records contain all the relevant information	New



	and are made available at the service for inspection.	
36	There were gaps in staff training records in relation to mandatory training. Ensure staff complete training in relation to safeguarding, food hygiene, health and safety and infection control.	New

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