



## Inspection Report on

**Mill Row**

**Swansea**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

23/11/2023

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## About Mill Row

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Tan Yr Allt Lodge Ltd
Registered places	4
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">20 December 2022</a>
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.'

### Summary

A team of established care workers, the manager and Responsible Individual (RI) work together to meet people's outcomes. People are supported to do what matters to them.

Care documentation and the support provided is person centred. People are involved with reviewing their personal outcomes. Referrals are made to professionals for specialist assessments when needed. Clarity is required on the outcome of these assessments to ensure people receive the recommended support. Staffing levels are good and most staff have the skill and competency to manage the home and support the individuals living there; however, this is not consistent for all staff who may be in charge for a period of time.

Recruitment processes are very good with a five-day induction for new starters and support in place to complete the required training. Staff told us they feel very supported by the manager and RI and we saw staff have the training they need and regular individual supervision. Team meetings are held and staff can access support at all times with on-call cover in the absence of the manager.

## Well-being

People are treated with dignity and respect. We saw kind and caring interactions from staff that know people well. Care workers are patient and understanding of people's needs.

People are supported to go to places of interest to them as part of their weekly routine. Their wishes for holidays and days out are considered when plans are being made. We saw photos of people enjoying social events and these are saved as part of people's records of activities within their personal plans. This includes social events arranged within the organisation where people who live in different settings have opportunities to socialise.

People are enabled to have a voice and this is facilitated in home meetings and people's monthly 'My Meetings' where personal outcomes are reviewed. This can be further enhanced by inviting people's representatives or family members to contribute, especially where people may have a reduced capacity to contribute. People are supported to have choice and the provider continues to work towards the active offer of the Welsh language.

People are supported by staff that are up to date with safeguarding training. Staff can demonstrate knowledge around the company and local authority safeguarding policies and procedures. Improvements are required to ensure people's care assessments are reflected in their personal plans and that care provided, ensures people's safety and optimum wellbeing.

Staffing levels are good and staff receive training and support to enable them to provide good quality care and support. Further improvements are required to ensure a process is in place to ensure staff in charge of the home have adequate experience and skill to maintain the safety of people they are supporting.

## Care and Support

Care records are electronic and this system has been developed further since the last inspection. Personal plans are very detailed. Care workers use handheld devices to add care interventions (such as activities or nutritional intake), as they take place. This means a 'real time' record is maintained. Personal plans are reviewed monthly, however, the information recorded is not always accurate and reflective of the current level of support being provided. People are involved in the review process and we discussed how the provider can ensure people's representatives are invited to participate in this process three monthly. Whilst referrals are made to professionals for specialist's assessments, personal plans and manual handling plans viewed do not reflect these assessments and the actions recommended. Risks were discussed around, for example, people's mobility and how best interest decisions could agree measures to reduce risks and promote safety. Furthermore, not all staff could state what people's outcomes are and how and where to access personal

plans. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

On the whole staff know people well and work with people to achieve their personal outcomes. Referrals are made to relevant professionals as required and we saw records of appointments that people attend with support, to ensure their health and well-being is maintained.

Improvements have been made to the medication processes since the last inspection. Medication is now stored in the main office which has an air conditioning unit ensuring medications are stored at the correct temperature. The office environment enables staff to have more focused time when preparing medications. Medication administration records are completed to a good standard with additional per required need (prn) medications recorded as required. The manager completes regular audits and the staff check and record medication balances daily.

## Environment

The provider has environment checks in place to ensure the safety of the people living in Mill Row. We saw an electrical installation certificate. Gas services are completed as required. A fire risk assessment is in place and fire extinguishers and fire equipment have had routine checks completed within the past 12 months. Regular audits are completed such as health and safety and infection prevention control, ensuring the manager and RI have oversight of the service.

People can independently access areas of the home and garden as detailed in their personal plan and assessments. Discussions were had around the use of assistive technology such as door sensors to alert staff to support people who may need additional assistance. The manager advised usually there is a discreet alarm at the front door to alert staff if someone enters the home however this was not working on both inspection visits. The manager assured us the connection of the door to the alarm will be checked. We were told a sign in book is in place, usually for people to complete when visiting the home. We saw this in place on one of our visits.

People's living areas are individual to them. People have access to personal items that are important to them. People are involved with decorating their rooms and choosing their colour scheme. Some rooms have kitchenette facilities which people made use of to make drinks and snacks and this further promotes their independence or their rehabilitation process where applicable. The home was decorated ready for Christmas and appeared clean and homely with a relaxed atmosphere.

## Leadership and Management

Recruitment is ongoing. We saw adequate staffing levels during our visits to the home. Whilst some staff we met are very experienced and know the people they support well this is not the case for all staff. People's outcomes, safety and well-being are at risk when staff who are inexperienced, cannot adequately support them. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

The manager and RI is committed to delivering a quality service, through gathering feedback and maintaining regular checks. There are feedback forms in reception and an electronic anonymised process to enable staff, people and visitors to provide feedback regarding the service provided. Accidents and incidents are reviewed in a weekly meeting with the organisation's senior management team. A quality care review report is completed six monthly and shows the RI has analysed data related to the service and considered observations, events and people's feedback. This can be further developed by expanding on improvements made and how these have improved outcomes for people.

There are suitable procedures in place to monitor care worker's recruitment, training and support. We viewed employee recruitment records and saw that the required pre-employment checks take place. This includes reference checks, right to work authorisations and Disclosure and Barring Service (DBS) checks. Staff are very positive about training received and support in place. Care workers have a five day 'face to face' induction in addition to online training prior to commencing work at the home. Additional specialist training is provided as determined by the needs of people supported. We were told: *"We get the training we need for the people we support"* and *"It is an amazing company to work for. All the training is in place. They support progression and they will look into doing any kind of training"*.

Individual supervision is provided monthly for new starters and then quarterly. We saw detailed records and reflections within supervision records and annual appraisals. Staff told us they feel very supported and that in the absence of the manager there is always support and allocated senior cover. Staff know how to contact the RI. Staff meetings take place regularly and are attended by both the manager and RI. Staff told us *"There is a lot of support....The manager is lovely and we get regular supervision every 3 months"* and *"The manager is really supportive ..... approachable and will do their best for you"*.

### 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
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21	Care and support is not always provided as determined by professional's assessments and the individual's personal plan. The provider needs to consider professional assessments and ensure personal plans are accurate and provide the identified care and support.	New
34	The provider does not ensure that at all times suitably skilled, competent and experienced staff are on duty. The provider needs to ensure staff left in sole charge of the home are competent with suitable experience to ensure the safety and well-being of people.	New
67	A full inspection took place on 20th December 2022. Although a manager is appointed in the service they are not yet registered as such with Social Care Wales.	Achieved
21	A full inspection took place on 20th December 2022. As part of this an audit of medication administration took place. There were some gaps seen in medication records with no explanation.	Achieved



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