



## Inspection Report on

**Cwrt Enfys Care Home**

**Cwrt Enfys Care Home  
Gorof Road Lower Cwmtwrch  
Swansea  
SA9 1DU**

## **Date Inspection Completed**

08 & 09 February 2022

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## About Cwrt Enfys Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Silvercrown Care Homes (Swansea) LTD
Registered places	99
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

The service is situated in a small well-established residential area in the Swansea Valley. It is set-back from the main road and made up of two purpose built buildings. People living at the service have a range of complex conditions including a substantial number of people living with dementia.

People are very happy living at Cwrt Enfys where staff promote their independence and support them to achieve their goals. The service maintains good communication with professionals, people and relatives. People benefit from receiving consistently good support from a knowledgeable and experienced care team. Personal plans provide clear information and direct care workers on how best to support individuals. People told us they really enjoy living at the service and continue to build trusting relationships with staff. The service is very well managed and supported by good governance arrangements. Although, the staff vetting process needs to significantly improve.

The management of medication is effective and health needs are addressed in a timely manner. People benefit from living in an environment suited to their individual circumstances.

## Well-being

People feel happy living at Cwrt Enfys and their health and well-being is actively promoted. Care workers know people very well treating them in a dignified and respectful manner. Care workers have risen to the challenges posed by the pandemic and are very supportive of each other. Staff support people to exercise daily choice and place great importance of people being occupied and engaging in activities. Communication is good both within the service and externally. The service works in partnership with external health and social care professionals. Infection control is well managed and there are clear health and safety procedures in place. People told us *“I don't know how I'd cope without the help of staff”* and *“Cwrt Enfys has made a huge difference to me”*. Medication is well managed in the service.

Care documentation is person-centred, of a high standard and provides clear guidance to staff on the goals and aspirations of people. Personal plans and risk assessments inform staff well and are reviewed when circumstances change. Care plans promote independence but also inform staff on how any risks can be minimised.

The management team maintain good oversight and are highly visible in the service. The senior team are well-managed, motivated and communicate well both internally and externally. The responsible individual (RI) is accessible, 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 is good although arrangements for staff supervision and training needs improvement.

Improvements are needed to processes in ensuring peoples' safety is maintained. Staff have good knowledge of safeguarding procedures and what action to take if any signs of neglect, abuse and poor mental or physical health is identified. They also have access to safeguarding training. The service communicates well and maintains a good working relationship with the local safeguarding team. The staff vetting process needs to significantly improve to ensure people are not placed at risk.

The environment in which people live is safe and homely. There are consistently good maintenance arrangements in place. Health and safety is given priority with regular audits carried out on areas such as fire safety and water temperatures. The service is uncluttered and free from hazards. Mobility equipment is in good working order. People like living at the service and referred positively to the environment.

## Care and Support

Kind and committed staff are having a positive impact on people's health and wellbeing. Staff treat people respectfully and know the people they support very well. They are able to communicate and deescalate situations with confidence. The service maintains good communication with external professionals. However longer response times by some professionals in reviewing people's changing needs continue. This places added pressure on the service in relation to additional staff levels in keeping people safe and well. Staffing levels are good, although maintaining such levels has been difficult at times throughout the pandemic. The service continues to use agency staff whilst they are recruiting new staff.

People are comfortable with staff and lots of fun and laughter was heard throughout the inspection. The service has a team of activity workers. A wide-ranging programme of activities is in place for people to enjoy. This is under review ensuring people who enjoy more individual activities are fully engaged. Trips out into the wider community are planned in the coming weeks. We found meal times to be an enjoyable time of day. There is a varied menu with care workers checking what people would like to eat and drink. Care workers assist people to eat in a dignified manner. There are a high number of Welsh speaking staff available if a person prefers to speak in Welsh.

Overall, the service has accurate and up to date plans for how people's care is to be provided to meet their needs. Personal care records contain a range of risk assessments and personal plans. We viewed the care files of eight people. We found personal plans to be person centred and to a very high standard. This includes information such as preferred care routines, social interests, meal preferences and any likes/ dislikes. Risk assessments are detailed, covering key areas such as falls, diet/ nutrition, behaviour and skin integrity. Although people assessed as high risk in relation to skin integrity are being well looked after, they did not have a recognised system in place where regular checks carried out by staff are recorded. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Daily recordings are detailed and show people receive a high standard of care and support. Deprivation of Liberty Safeguards (DoLS) authorisations are in place for people who require them.

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 professional and knowledgeable on administering medication. Overall, medication administration records (MAR) were accurate. Although there were some minor errors in recording that were 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 an environment where their safety is a priority. The service feels part of the wider community and is welcoming and friendly, but has strict visiting and security measures in place to keep people safe. There are very strong infection control protocols in relation to Covid-19. Staff are using the correct personal protective equipment (PPE) and there are hand-washing and PPE stations throughout the service. Clinical waste is being correctly disposed of. The laundry area is very well organised with a defined in and out system for clean and dirty washing. The home has a team of experienced maintenance officers who are permanently based at the service. There is a very well organised system of health and safety audits and an ongoing programme of maintenance. Regular testing and safety checks in areas such as fire safety, water temperatures and mobility equipment are well documented.

The service provides a good environment for people living with dementia. It has a real sense of community. There is a range of communal areas for people to use, enabling people to socialise or respect their wishes for quiet if they so wish. People who enjoy socialising were seen enjoying the company of others throughout the inspection. Care workers know people well and are able to assist people to areas and activities of which they enjoy. Colour schemes in communal areas are neutral, and carpets plain. Colour contrasts are to be considered in any upgrades or redecoration. There is also bi-lingual signage in most areas. People living with dementia who often like to walk around the home have wide corridor areas where they can be observed easily by staff. There are electronic key-coded areas for people under Deprivation of Liberty Safeguards (DoLS) in keeping them safe from leaving the building. Bedrooms are personalised with familiar items and family photographs to put people at ease in their surroundings. There are also memory boxes outside some bedrooms.

## Leadership and Management

Governance arrangements are strong and place people at the heart of the service. The statement of purpose (SoP) accurately reflects the service. Staff benefit from clear and easily accessible policies and procedures to assist them in their roles. Care workers are well informed and know what actions to take in relation to safeguarding and whistleblowing. There is good oversight by the RI evidenced through both quarterly and six monthly audits. These include consulting with people, relatives, staff and any visiting professionals on the quality of the care being provided. Managers told us the RI is in contact on a daily basis and regularly visits the service. There is a well-managed complaints process in place. The service appears financially sound as investment into the service continues.

The management team are highly committed and passionate about the service and the people they support. There is an established management team that feel well-supported by the RI. They also benefit from peer support from other managers working across the organisation. The management team maintain good communication through regular meetings. The manager is highly visible in the service, supportive of staff and knows the people living at the service very well. Their office is situated near to the main reception, being easily accessible to people, their relatives and any visiting professionals. People told us *"the manager is excellent, she really cares"*. A relative said *"it's a well-managed home"*. Staff are equally complimentary telling us they feel *"well supported"* through difficult circumstances. Although, more consistency is needed in ensuring three-monthly staff supervision and mandatory training is completed. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service provider needs to significantly improve their vetting process to enable them to make a decision on the continued employment of staff. The service has failed to ensure reapplications are made for a new Disclosure and Barring Service (DBS) certificate for a high number of staff working at the service within three years of the issue of the previous certificate. This check prevents unsuitable people working with vulnerable adults. The service provider acknowledged this and immediate steps are being taken. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

### 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
35	There is no system in place to ensure all Disclosure & Barring Service (DBS) checks are carried out on all staff on a 3-yearly basis. The service needs to ensure that there is an appropriate system in place to ensure that either all staff have their enhanced DBS renewed on a 3 yearly basis, or staff are registered on the online DBS update service which is then checked annually by the provider.	New

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
36	Not all staff members received a 3-monthly supervision and an annual appraisal. Ensure all staff receive regular supervision and annual appraisals.'	New
36	There were gaps in staff training records in relation to mandatory training. Ensure staff complete training in relation to health & safety, safeguarding adults & infection control.	New
21	People at risk of developing pressure areas did not always have the appropriate (SSKIN Bundle) monitoring documentation in place. The service to ensure they evidence that regular checks are being carried out by staff.	New

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