



Inspection Report on

Dol Y Felin

**Dolyfelin Homes
Pentre Road St. Clears
Carmarthen
SA33 4LR**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

21/06/2023

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About Dol Y Felin

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Carmarthenshire County Council Adults and Children's Services
Registered places	33
Language of the service	Both
Previous Care Inspectorate Wales inspection	31/05/2022
Does this service provide the Welsh Language active offer?	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

The acting manager is well supported by the Responsible Individual and peer managers to deliver a service which is valued by people living in the service and their relatives.

The Responsible Individual (RI) visits the service regularly and uses these and a range of quality audit tools to ensure they have a good overview of the service.

Care staff are well trained, knowledgeable about the people they care and support and this is corroborated by those living in the service and their relatives. Overall care records provide a sense of the individual, however, they need to ensure the information reflects the current needs of people at all times.

The environment is clean; however, some areas of internal decoration do not support people to orientate independently and the communal garden does not provide opportunities for people to follow their interests and hobbies.

Well-being

People have their choices and views recognised. People can personalise their bedrooms, are able to choose their meal preferences and can get up and retire when it suits them. Their views about the service are actively sought by the RI through their Regulation 73 visits and through questionnaires used to inform the six monthly Quality of Care reports. People are able to converse and receive information in Welsh if this is their preferred language.

People are safe from the risk of harm and abuse. Care workers are knowledgeable, well trained and care about the individuals living in the service. They also have a good understanding of people's needs and how best to meet these. Overall care records provide information about the requirements and preferences of people but these need to be kept updated. The service liaises with health and social care professionals to make sure people remain as healthy as possible. People and / or their representatives are able to raise concerns about the service should they have the need to do so.

There are strong recruitment, supervision and training procedures in place to ensure staff have the right skills, knowledge and approach to care. Staff respect the acting manager who in turn is well supported by the RI and peer managers. Care staff are clear on their responsibilities to protect people and are supported by regularly reviewed and updated policies.

People do not always achieve their well-being because of the environment. The internal decoration does not help people to orientate themselves around the corridors or to their bedrooms and furnishings are damaged in some areas. The gardens are restrictive in areas and do not offer people the opportunities to follow their interest and hobbies. This has been identified as An Area for Improvement. The points have been discussed with the manager and RI and will be followed up in the next inspection.

Care and Support

People receive the care they need. Care staff have a good understanding of the needs of the people living in the service. They know about individual's histories and their specific care needs and daily preferences. In the main, care records provide details of the needs of the individuals, have associated risk assessments and are reviewed regularly. However, one person's care records did not reflect how she was presenting at the time of the inspection. Care staff were able to tell us of this person's current needs and how they provide care. A relative of this individual told us; *"Mum has been poorly off and on. Nothing is too much trouble for the staff or manager, they keep me informed of any changes. I am very happy with the care. I am involved in the decisions about her care"*. To ensure people receive the care and support they need, care records must be kept up to date and accurately reflect their current needs.

Another relative told us; *"care staff are kind, caring and always keep me informed. I am involved in changes to my mother's care and I am up to date with her current care needs"*. Whilst we have been told, the involvement of the individual and/or their representative needs to be better recorded in their care records.

Health and medical professionals are involved in the care and support of people when required. This is well documented in care records and through conversations with visiting professionals. A medical professional told us; *"care staff are knowledgeable about the residents. They [care workers] escort and introduce me to the residents. They [care workers] are very caring in their approach and follow medical instructions well"*.

People speak positively about living in the service and the care and support they receive. During conversations with a number of people in a communal lounge, they told us they are happy with the care they receive including the staff are *"kind"*, *"very good"*, and *"lovely"*. During a number of observations during the inspection care staff interacted very kindly with people. A number of the staff team communicate in Welsh with people, which we observed during the inspection. People are able to choose when to get up and retire, there are always a range of meal options and bilingual information is readily available.

People feel safe. During discussions people told us they feel safe living in Dol y Felin and are able to raise concerns if they need to. They told us; *"I would speak to one of the carers or the manager"* and *"I know I can speak to a member of staff if anything is wrong"*. Relatives also confirmed they felt comfortable in being able to raise any concerns. One relative told us *"whilst I have no complaints at all, if I did, I would report any complaints to staff. I have a copy of Carmarthenshire County Council's Complaints procedure"*.

Environment

The risks to people's health and safety are minimised as there are a range of maintenance checks and audits undertaken. Testing and servicing of firefighting, moving and handling equipment are completed within the required timescales. Personal Emergency Evacuation Plans (PEEPS) are individualised and readily available. Communal areas and emergency exits are uncluttered and free from hazards. Substances harmful to health (COSHH) are stored safely. Keypad entry systems are used where considered required and all visitors are required to sign in and out of the service. Window restrictors are in place on the first floor windows. Emergency alarms are accessible for people to use and are responded to in a timely manner. The service is clean with no malodours.

People's personal outcomes are not being properly supported. Signage on bedroom doors do not clearly identify the individual's own room. The communal corridors do not have pictures, displays or points of interest to help people orientate to their bedrooms and by doing so support them to retain their independence.

The rear communal gardens don't look their best with empty raised beds and lawns requiring cutting and paths needing weeding. The weeds in the paths are a potential slip or trip hazard. A greenhouse is located alongside the communal car park so it is not readily accessible for people to use. Care workers told us that some individuals like gardening and this has been corroborated by two people living in the service. This does not provide people with the opportunity to be able to follow their interests and hobbies.

We also saw damaged wallpaper in some areas and a vanity unit in a poor state of repair.

These have been identified as an Area for Improvement. The points have been discussed with the manager and RI and will be followed up in the next inspection.

People are able to personalise their bedrooms with items and furniture and of their choice and are able to socialise in a number of communal lounges and rooms which are available to them and their visitors.

Leadership and Management

People are cared for by a knowledgeable, well trained and supported staff team. Care workers have a good understanding of the people living in the service and are able to provide details about the individuals in their care and their particular care needs. Care workers attend a wide variety of training courses both mandatory and specific. They told us; *“I have attended a lot of training, I feel I have had enough training to do my job well”* and *“the council provides us with a lot of training, which I think is really good”*. Care records confirm the training staff attend.

The deputy manager has been well supported by the RI and peer managers whilst “acting” into the manager’s position for a temporary period of time. The RI has kept CIW updated on these temporary changes and the management support being provided. Care workers speak positively about the acting manager and told us *“[acting manager] is great, her door is always open and she is very open to ideas and suggestions”* and *“[acting manager] always calls into the unit and says good morning and thanks us; it means a great deal”*. Care workers told us they receive regular, documented supervision and this has been corroborated when we read supervision records. Staff also feel supported by their colleagues and told us; *“I really enjoy working here, it’s a great team”* and *“we all enjoy working here”*.

People can be assured there are thorough governance arrangements in place. The RI is in regular contact with the service and has undertaken Regulation 73 visits. CIW have received copies of the reports, which demonstrates they speak to people and staff as part of the visits to the service. Staff and people confirmed this with us. There are a range of monitoring tools and audits undertaken. Actions from the audits are acted upon and reviewed regularly. There are strong recruitment and selection processes in place. The correct clearances and checks are undertaken and documented before staff commence employment. There have been difficulties in the recruitment of staff to the service. A range of recruitment events and publicity are being undertaken by the provider. It should be noted this difficulty has not affected the quality of care being provided.

There are policies and procedures in place which are reviewed regularly. The Statement of Purpose reflects the service being provided and CIW are appropriately notified of incidents.

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

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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44	The internal environment does not support people to orientate around the service. The external grounds are a potential risk and do not support people to pursue their hobbies and interests.	New
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