



## Inspection Report on

**Pant Yr Odyn**

**96 Llandeilo Road  
Llandybie  
Ammanford  
SA18 3JD**

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

**This report is also available in Welsh**

**Date Inspection Completed**

03/05/2023

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## About Pant Yr Odyn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Swanton Care and Community (Maesteilo Care Homes) Ltd and Swanton Care & Community Ltd
Registered places	7
Language of the service	Both
Previous Care Inspectorate Wales inspection	10/03/2022
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

People living in Pant Yr Odyn benefit from the care and support they receive through the knowledgeable and caring staff team. Promotion of people's individual health and wellbeing underpins the aim of the service. Care and support plans are detailed and provide a good sense of the individual, their complex needs and how best to support them. External professionals are actively involved in the support people receive.

A dedicated and enthusiastic manager and deputy manager lead the ethos of the service. Staff respect and value the management team who are themselves well supported by senior managers including the Responsible Individual (RI). There are a range of monitoring and audit processes in place, and the RI has good oversight of the service.

This inspection also looked at two Areas for Improvement that were highlighted in the last Inspection. Both areas have been addressed and closed.

## Well-being

People have their choices and views recognised and listened to. Care and support records give a good sense of the person and reflect their individual needs and preferences. People are involved in day-to-day decisions that affect them wherever possible including meals, activities and healthy lifestyles. People and their representatives' opinions are sought as part of the Regulation 73 visits conducted by the RI. Care and support is delivered according to people's specific needs and wishes and is adapted when needed to better suit them. A dedicated and enthusiastic manager and deputy manager set the ethos of the service, which values their staff and strives for the best for people living in Pant Yr Odyn.

People are protected from the risk of harm and abuse. Staff speak caringly about the people living in the service and have a good understanding of the person, their needs and how to meet these. Care workers interact with and support people in a caring and thoughtful manner. Appropriate infection control measures are in place and staff are clear about their role and responsibilities around infection, prevention and control. The service is clean with no malodours. Robust recruitment measures ensure staff working at the service have the right skills and approach to care and support. The service actively liaises and works alongside health and social care professionals to ensure people remain as healthy as possible.

## Care and Support

People are supported by staff who have a very good understanding of their needs. Care workers speak enthusiastically about caring and supporting the people living in the service, they told us *“I really enjoy the work, it is very rewarding”* and *“the people we support are lovely, it’s great being able to support them get the best”*. Staff support people according to their individual needs and are sensitive to any changes the person may be expressing or demonstrating.

Sufficient staffing levels are in place to meet the care and support needs of people living at the service. Care staff told us they have enough time to support people appropriately. Staff respond to requests from people in a timely manner and interactions are friendly, respectful and unrushed.

Care staff have access to plans which provide very good details about the support people require to remain healthy. The plans provide a real sense of the individual and involve the person, relatives and community health and social care teams in their development and reviews. Health and social care professionals are involved with people and this is well documented in their care and support records. There are comprehensive risk assessments in place, which are reviewed regularly. Care staff have a thorough understanding of the people they support and the complex needs they live with.

There are safe procedures for the storage, administration and disposal of medication. The Area for Improvement highlighted around medication administration in the last inspection has been addressed and is now closed to CIW.

## Environment

Arrangements are in place to minimise risk to people's health and safety. Testing and servicing of fire-fighting equipment is undertaken within the required timescales. Personal Evacuation Plans are individualised and readily available in emergencies. Window restrictors are in place where needed. Substances hazardous to health are stored safely and communal areas are uncluttered and free from hazards. The service is clean with no malodours.

The service ensures the environment supports people to achieve their personal outcomes. The layout of the service enables people to use the facilities available to them safely. The gardens are welcoming and offer the opportunity for people to use them for their own enjoyment including gardening and activities. Each person's bedroom is personalised according to his or her wishes wherever possible. Communal areas are well maintained and fully utilised. There are a number of wall-mounted photographs on display in the communal areas, which adds to the homeliness of the service.

## Leadership and Management

There are thorough governance arrangements in place. The RI undertakes Regulation 73 visits within the required timescales, copies of the last two reports were read during the inspection visit. The visits include talking with people living in the service and staff, this was confirmed by a care worker who told us *“He [RI] always speaks to staff and spends time with the people we support”*. There are a range of monitoring tools and audits undertaken by the manager and senior managers. Actions required from these audits are acted upon and reviewed regularly. The manager feels supported by their line manager, RI and the organisation.

Staff are knowledgeable, competent and valued by people living in the service. Through discussions and observations, it is evident that staff have a good understanding about the people they support and the specific needs of each individual. Training and induction records demonstrate staff have a robust induction and a range of training opportunities to develop their knowledge and practice. Staff value the support provided by the managers; they told us *“we get excellent support – the managers are very supportive and have an open door policy”* and *“we have great training and development opportunities”*

Staff records show they receive regular supervision and an annual appraisal. Recruitment records hold all the required information and checks including up to date Disclosure and Barring Service (DBS) checks. The Area for Improvement highlighted around DBS checks in the last inspection has been addressed and is now closed to CIW.

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



N/A	No non-compliance of this type was identified at this inspection	N/A
58	Hand written medication administration records are not always signed as required and inconsistencies with the monitoring of the main medication room temperature.	Achieved
35	The disclosure barring service (DBS) system in place does not ensure the DBS requested is received prior to the current one expiring.	Achieved

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