



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

10 March 2022

10/03/2022

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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	15
Language of the service	Both
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 well-being of people living at Pant Yr Odyn is promoted by the manager and staff team. Staff know people well and what is important to them is central to their care.

People's independence and individuality is maximised with person centred care being provided. People are treated with respect and provided with choice around daily activities of living. Activity provision is adapted well depending on the COVID status of the home. Care documentation is accurate and people's support plans are reviewed involving the person and their representatives. Medication is given as prescribed: however, improvements are required with the signing of medication administration records when writing out the prescribed medications. Family members are involved with decisions and kept informed at least weekly as to the well-being of people and activities they take part in.

Pant Yr Odyn has a homely, well-maintained, and secure environment. People are supported to be as independent as possible and contribute hugely to their living areas making it unique and personal to them.

Staff have individual supervision as required and feel supported by the Responsible Individual (RI), Operations Director, manager, and deputy managers. Improvements are required to the system in place to ensure a timely renewal of Disclosure Barring service checks (DBS). People benefit from a service where they are a priority, and the staff are supported and receive training to competently fulfil their roles.

Well-being

Each person is encouraged to make choices, to do things that are important to them. People experience group activities such as a visit to Folly Farm seen on the day of the inspection and a bowling trip for another group. Individual activities are also arranged to suit people's needs and preferences such as attending appointments in the community for people's well-being, a trip to a steam train with lunch out and an outing to a local ice cream parlour.

People's individuality is supported, and this is seen with the choices people are provided with about what they want to wear, décor and furniture for their own living areas and activities they participate in. Independence is promoted and supported and involvement with the community is enabled with people participating in work and education activities as stipulated in their support plans. People are spoken to in Welsh if this is their choice and some literature about the service is available in Welsh.

People can access information about the service and they and their representatives are involved in decisions about their care and support. Family members and representatives are kept informed and up to date. A monthly newsletter is produced and weekly phone calls to family members are completed by the staff. Photos of activities are shared via an interactive group between the home and family members. Families feel involved and informed.

Written information such as the Service User Guide and complaints policy is available in English and Welsh. Some further work is required to update and translate the Statement of Purpose.

The safety of the people living at the home is maintained with measures in place to protect and reduce risk. Where people have reduced capacity to make decisions the required mental capacity assessments are completed and meetings held to determine best interest decisions.

Staff wear Personal Protective equipment as required and follow the latest Public Health Wales guidance around COVID. People have visitors to the home with the provider following the Welsh Government guidance. Visitors are required to show their COVID lateral flow device test when visiting the home and to complete a COVID declaration. Whilst this process is thorough it is completed sensitively and respectfully.

People are treated with respect and care workers show genuine affection towards people living in Pant Yr Odyn: *"The thing with the staff is they genuinely care about them"*.

Care and Support

Person centred care is provided by care workers that know people well. Allocated hours of support are determined by social and health assessments. The provider can evidence how these hours are allocated to ensure personal plans are followed with the right staffing levels. The proposed service provision is flexible to meet peoples requests and preferences day to day. For example, we were told if one person wants to go on a train trip it is usually imminent and staffing allocation is adapted accordingly. Activities and involvement in the community is hugely supported by the staff at Pant Yr Odyn. They value the importance of making opportunities as they arise considering the impact COVID has had on the home and people living in the home. *“The team care and that makes such a difference”*.

Care documentation is detailed and informative with risk assessments completed as required. Personal behaviour support plans are completed with additional complex care plans such as adjustment guides for the administration of insulin and epilepsy profiles. Referrals and involvement of specialist professionals is evident at meetings attended and when discussing individuals with staff. The provider can easily access information about people’s COVID vaccination dates and boosters. If someone has not had a vaccination an individual plan is in place to ensure this is provided around the individual’s needs.

We were told people and their representatives are involved with meetings and people’s review of care. Monthly reviews take place with the person and their keyworker with quarterly reviews as required. The provider produces a six-monthly report with an overview of what is important to people and any incidents or events that need to be considered in the persons reviews and personal plans. Family members confirm involvement with reviews of care and meetings: *“X is doing amazing now..... We are involved and kept up to date by X’s keyworker”* and *“We have attended meetings on line. X is so much involved”*

Medications are stored in people’s bedrooms or in a central medication office. The manager plans to have individual medication cabinets in everyone’s bedrooms to minimise risks associated with medications being taken to individuals in different areas of the home. Medications are administered as prescribed with daily medication checks. Monthly audits are completed, and medication errors reported as required with actions followed up. Several medication administration records, that had been handwritten, had not been signed as required. There are inconsistencies with the monitoring of the main medication room temperature with no recordings for the month of March. While no immediate action is required this is an area for improvement and we expect the provider to take action.

Environment

Pant Yr Odyn is a home that is comfortable and reflective of a family home. Bedrooms and communal areas are personalised to reflect what is important to people. We saw people

choosing décor for imminent plans to redecorate. One staff member told us *“It is home from home”*. People and their family involvement is evident, ensuring personal living areas represent what is important to individuals. Arts, craft and family photos are on people’s walls and people are proud of their contribution to their living areas. We saw some works are required to two-bathroom areas due to damp being on the ceiling and walls. Panels have been ordered and plans are in place to complete the works with minimal disruption to people living in the home. The environment is enabling and, where improvements are required, the staff and management team are working towards these.

The environment is adapted to suit people’s dependency levels. Within the home and grounds, it can be seen the provider ensures the time people spend in the home can help support people’s well-being as well as the activities attended away from the home. The grounds have a summer house and access to a large trampoline and swing. The garden is accessible for planting vegetables and flowers and washing lines are up and accessible for people living in the home. We were told how the home and grounds were adapted to accommodate people during COVID and times when guidance requires people to stay within the home and grounds. Secure outdoor areas are accessible to people.

Maintenance is being completed in a timely way minimising the impact incidents can have on the environment. Furniture is adapted to ensure it cannot be used to cause damage or harm, however it is in keeping with the room themes. Electrical equipment such as televisions are displayed in protective cabinets and decorative shelves and photos/pictures are placed out of reach and secured to enhance the communal areas.

Audits and a programme of periodic testing of equipment shows maintenance checks are carried out as required. These include testing of fire safety equipment, a fire risk assessment and a legionella risk assessment.

Visitors are required to show their COVID lateral flow device test when visiting the home. Personal protective equipment is readily available and stored securely and used by staff. Staff are vigilant in ensuring that cleaning products that can be harmful are stored securely. Door codes are used when accessing different areas of the home to ensure the safety of people living in Pant Yr Odyn.

Leadership and Management

The service is overseen by a committed and effective management team who strive to ensure the ongoing development and improvement of the service. Staff spoke positively about the manager in post and deputy managers. The responsible individual visits the home as required and additional informal visits take place. We were told the operations director visits frequently and provides support often. Staff feedback demonstrated this, such as *“I feel really supported and I have the time to support too”* and *“We have a really good staff team”*.

Recruitment processes were checked. Proof of up-to-date Disclosure Barring Service (DBS) checks could not be confirmed for three members of staff. The system in place had not alerted the manager to the requirement to renew staff DBS. After some enquiries the manager had confirmation that two of the DBS had been obtained however one had not been issued until three weeks after the previous one had expired. The system in place does not ensure that DBS requests take place in a timely way. This is an area for improvement, and we expect the provider to take action.

The provider ensures there are sufficient knowledgeable, competent and skilled care workers to provide appropriate support for people to achieve their personal outcomes. The majority of staff have received required training and specialist training to enable them to support people appropriately. The provider has trained staff to deliver personal behaviour management training in house and this training is provided face to face. This is reflected in staff training records. The majority of staff receive regular individual supervision.

People have access to information about the service provided in a format that is suitable for them. This includes access to an up-to-date service user guide that is in picture format and available in English and Welsh. A Statement of Purpose is available. The RI and manager are in the process of updating this.

The manager and team are open and transparent. Notifiable incidents are reported to relevant agencies when applicable including the submission of notifications to CIW. People living in Pant Yr Odyn were excited to tell us about their days and what it is like to live at Pant Yr Odyn. *“Yes I do have help we all do really”* and *“Yes I like living here”*.

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
58	Hand written medication administration records are not always signed as required and inconsistencies with the monitoring of the main medication room temperature.	New

35	The disclosure barring service (DBS) system in place does not ensure the DBS requested is received prior to the current one expiring.	New
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