



Inspection Report on

Dan y Graig Care Home

**Danygraig
Kidwelly
SA17 4SW**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

20 October 2022

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About Dan y Graig Care Home

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	8
Language of the service	Both
Previous Care Inspectorate Wales inspection	29 June 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

This was a focused inspection following up areas previously identified as requiring priority action. We focused on the themes care and support and leadership and management.

Improvements were seen in all areas identified for priority action at the last inspection. This included the provider review process for people's personal plans. Improvements were seen with individual supervision now being provided to all staff as required and annual appraisals being completed. The Responsible Individual (RI) makes regular visits to the home and feedback is gathered from people living, working and visiting Dan y Graig.

Improvements have been seen to the environment. Dan y Graig is homely with communal areas that are accessible to people and conducive to their well-being.

Well-being

People's voices are heard and their individual circumstances are considered. Reviews of people's personal plans are now held at least three monthly and people and their representatives are supported to be involved with these meaning people have a voice. We saw people participating in reviews of their personal plans and invitations sent to family. Where people do not have a representative, the manager has applied for an independent advocate for them.

People are provided with choice and their dignity and privacy is maintained. New communication boards are being introduced to support people to be able to express choices around diet, activities and daily routine. People participate in activities of their choice and we saw staff show respect towards them.

The provider is open and transparent and refers to agencies such as safeguarding when required. Staff receive safeguarding training and are supervised. Disciplinary processes are followed to safeguard people living at Dan y Graig.

Care and Support

As this was a focused inspection, we have not considered this theme, in full.

Improvements have been made to the personal plan reviewing process. People are now supported to review their support plans at least three monthly and given an opportunity to invite their representatives/family members. We saw photographs of people discussing their support plans with their key worker and their signature to agree the content of their plans. Where a representative is not available to attend reviews, this is recorded and requests are made for independent advocates to support individuals.

Staffing levels are consistent to ensure people's outcomes are achieved. The provider has an ongoing recruitment plan in place. In the interim the provider continues to employ agency staff who are known to the home and the people who live there. People were seen with a member of staff supporting them as detailed in their support plans.

Environment

As this was a focused inspection, we have not considered this theme, in full.

The atmosphere in the home is relaxed and calm. Further decorating including repainting and updating of furniture has been completed since the last inspection.

We saw people enjoying time in the individual communal areas including one person enjoying some quiet time in the sensory room. The environment was conducive to people relaxing in this room. We saw another person watching a film in the newly painted movie room. People's privacy and quiet time is respected. Another person was seen spending time outside with a member of staff.

People had taken part in craft sessions to make Halloween decorations for their home. The theme extended outside the home also.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full.

Since the last inspection improvements have been seen with the provision of individual supervision and completion of appraisals. All staff have received at least one individual supervision session since the last inspection meaning all staff are now having quarterly supervision. All staff who have been at the service for 12 months or more have received an annual appraisal. For new starters a new buddy/mentor system has been set up with a view to supporting staff into their role.

Disclosure and Barring Service checks are in date for all staff and the manager has oversight of this with support from the organisation's human resource department.

The RI has visited the service several times since the last inspection. Within their visit reports we can see views have been sought from people working at Dan y Graig and living at Dan y Graig with some consultation with people's representatives. Improvements have been seen overall with compliance met and staff told us they feel very supported by the RI, manager and the organisation overall.

Staff feedback includes; *"I love it – It is such a lovely home to work in"* and *"I am being supported to progress"*.

The RI told us the previous quality care review report was amended to ensure confidentiality is maintained and the next report is in the process of being produced.

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
16	Three monthly reviews are not held with the involvement of the person and their representative with a purpose of determining if peoples outcomes are being met and how they can be worked towards.	Achieved
36	Individual supervision and appraisals are not provided to staff as required.	Achieved
8	The Responsible Individual's oversight is not adequate to ensure that the quality and care of the service provided improves.	Achieved

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

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