



Inspection Report on

Allt Y Mynydd

**Alltymynydd Nursing Home
Llanybydder
SA40 9RF**

Date Inspection Completed

23/01/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Allt Y Mynydd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Ashberry Healthcare Limited
Registered places	44
Language of the service	Both
Previous Care Inspectorate Wales inspection	[Manual Insert] 28th September 2021
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 at Allt y Mynydd receive support from qualified and experienced staff who are compassionate and kind in their approach. People's wellbeing is promoted and there are ample opportunities to join in activities should they wish.

Care and support plans are detailed and are kept up to date with regular reviews in line with legislation. Care staff feel supported and enabled to undertake their role and receive the necessary training and supervision required.

Managers and the Responsible Individual have good oversight of the service and there are thorough governance and monitoring processes in place to review and improve the quality and safety of the service.

Well-being

People have choice and control over their day to day lives. They choose to spend time in their own rooms or to join others in the communal areas. Care staff told us that they have time to spend with people undertaking activities in addition to meeting their basic care needs. This can range from sitting with people chatting or playing cards to bingo or doing crafts. One family member told us, *“She looks like a queen, they even put curlers in her hair”*. Family and friends are made welcome and able to visit at any time. One person enjoys visits from their family dog. A team of Activity Coordinators arrange a variety of activities and seek the views of people to evaluate their likes/dislikes.

There are the correct number of care staff members on each shift and staff are able to spend time with people, supporting them with their care needs and ensuring their well being is promoted. One care staff member told us *“When we’re fully staffed everything flows, there’s not point in rushing people”*.

Personal care and support plans are up to date and inform care staff on how to meet the person’s needs. Care staff know people well and are able to recognise when their needs change. One staff member told us, *“We know when someone’s not right, like if someone has lost weight”*. Records show that timely referrals are made to other health and social care professions when required to support their health and well-being.

The service is working towards an ‘Active Offer’ of the Welsh language. There are some Welsh speaking care staff, and other non Welsh speaking staff have also learnt some words to enable people to converse in their chosen language. There are some bilingual signs visible and staff are currently working to increase bilingual signage around the home.

People are kept safe and staff understand the procedure for protecting vulnerable people. Staff are happy to raise any concerns with their seniors and are confident that appropriate action will be taken.

The building is secure and visitors are required to ring the bell to have access. A signing is system is also used for staff and visitors.

Care and Support

An electronic system is used for all records including Personal Care and Support plans and daily care records. Care plans are very thorough and up to date reflecting people's current support needs. Vocabulary in daily records is not always person centred, this has been discussed with the manager who will address this with care staff. Plans would benefit from more detail of how the person spends their day and activities undertaken in the daily records. This will be looked at during the next inspection. Reviews are undertaken in line with regulatory timescales and any changes are noted in a person's daily log to ensure that care staff are aware. People and/or their representatives are involved in the review process and their wishes and feelings considered. One family member told us, *"We're always kept in the loop"*.

Risk assessments are up to date and reviewed regularly. For people with mobility issues we saw evidence of skin integrity being monitored with records in people's rooms and in the daily logs. There are safe systems in place for care staff to support people with their medication. Medication Administration Records (MAR's) are in place and completed appropriately. Regular medication audits are conducted, and care staff are up to date with their medication training and competencies.

People told us that they receive help and support when they require it. One person said, *"We sometimes have to wait a bit if it's mealtimes, I mostly get help when I need it"*. Another person said, *"I have everything I need"*. Care staff are patient and respectful in their approach and we saw positive interactions between them and those they support. One person told us, *"They're most kind to me"*. Family members are happy with the support their relatives receive, comments included, *"We're thrilled the way they are cared for, not one complaint"* and *"I have only one word, fantastic, I can sleep at night"*.

Environment

The environment is clean and well maintained. Any minor repairs are addressed as they arise by the Maintenance team and contractors are used for any major jobs requiring tradespersons. Recently repairs have been made to the roof following storm damage, the front entrance/porch and conservatory are currently being renovated. This work has been ongoing for some time due to several issues however it is now almost completed and will improve the appearance of the building. The conservatory was used a lot by people using and visiting the service and they are looking forward to its completion and being able to relax there again.

Records show that regular and thorough audits and safety checks are undertaken on the building and equipment to minimise the risk to people's health and safety. Specialist moving and handling equipment is regularly serviced and testing of fire equipment is undertaken in line with the required timescales. Personal Emergency Evacuation Plans (PEEP) are in place for people living at the service and are readily accessible.

There are extensive gardens outside and there are plans to develop some of the outside areas so that people are able to access it safely. During the warmer months people are supported to walk outside in the grounds and a greenhouse is also available for people to enjoy growing produce.

People's rooms are individual and personalised with items of their choice and can be decorated as they wish. Many of the rooms have large windows with views of the countryside for people to enjoy. Some also have bird feeders on the windows and for those who prefer to spend time in their room this gives them a lot of pleasure.

Some areas of the home would benefit from redecorating and this is an ongoing process. There is a retro café on the premises and this is also currently being revamped for people and their families to use.

Leadership and Management

The RI has oversight of the service and has effective governance arrangements in place. 'Radar' Healthcare computer system is used by the Quality and compliance manager to undertake timely and detailed audits and monitoring of all aspects of the service and to identify areas of improvement. Any action required following the checks and audits is followed up and reviewed at monthly 'Provider support meetings' with the manager and/or senior staff. Regulation 73 visits are also undertaken by the RI and reports show that people working and living at the service are consulted to give their views and have an opportunity to share any concerns they may have.

All staff spoken with feel supported by the Home Manager but not all felt supported by higher management/RI. They did however feel they could raise any issues with any of the managers and felt it would be acted upon. Comments from staff included, *"I feel supported, they listen to you and have an open-door policy"* and *"X (manager) is brilliant, very kind to me and very helpful"*. Another member of staff told us *"X (manager) will bend over backwards to help anyone"*.

There is a robust recruitment system in place and all necessary documentation such as Identification, References and Disclosure and Barring Service (DBS) checks are undertaken prior to staff commencing employment. All staff are registered with Social Care Wales and receive the necessary Induction and mandatory training to undertake their role.

Staff receive mandatory and additional ongoing training. Training has been online since the pandemic began and although most of it will remain online, some face-to-face training is being arranged, such as Manual Handling. Staff told us that there are good opportunities for training and development and some staff have recently had the chance to undertake the 'Advanced Practitioner' course enabling them to undertake more complex areas of care.

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
------------	---------	--------

N/A	No non-compliance of this type was identified at this inspection	N/A
-----	--	-----

Date Published 06/03/2023