# Arolygiaeth Gofal Cymru <br> Care Inspectorate Wales <br> Inspection Report on 

Cwm Gwendraeth<br>Mynydd Mawr Ltd - Cwm Gwendraeth<br>Llannon Road<br>Upper Tumble<br>Llanelli SA14 6BU

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

This report is also available in Welsh

## Date Inspection Completed

## About Cwm Gwendraeth

| Type of care provided | Care Home Service <br> Adults With Nursing |
| :--- | :--- |
| Registered Provider | Cwm Gwendraeth Limited |
| Registered places | 59 |
| Language of the service | Both |
| Previous Care Inspectorate Wales <br> inspection | $[$ [Manual Insert] <br> $15 / 12 / 2021$ |
| Does this service provide the Welsh <br> Language active offer? | The service provides an 'Active Offer' of the Welsh <br> language. It anticipates, identifies and meets the <br> Welsh language and cultural needs of people who <br> use, or may use, the service. |

## Summary

People and their families are happy with the care and support they receive from knowledgeable and trained staff. A variety of activities are offered to people including trips out, events, celebration days and parties.

People's care and support plans are detailed and provide a good sense of the individual and their complex needs. Care staff have a good understanding of people's needs and how to support them. People's individual health and wellbeing are important to those providing the care and support. Communication with external health and social care professionals continue to play an important role to ensure people remain safe and their personal outcomes achieved.

The environment and layout of the service supports people to be as independent as possible with an ongoing programme of maintenance and improvements. There is clear governance in place and staff feel supported by the managers, and the responsible individual (RI). Quality assurance processes conducted by the RI and management demonstrate the importance placed on monitoring and improving the service for people.

## Well-being

People are encouraged and supported to make choices about their day-to-day life and this is recorded in individual plans. The Statement of Purpose and a Service User Guide is available to everyone. People are encouraged to be involved in the service and attend regular one-to-one or group meetings to have their voices heard. Personal preferences and dietary needs are catered for.

People receive the right care and support at the right time to meet their needs. People are involved in reviewing and updating their plans. People are treated with dignity and respect. Care workers speak warmly 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. Care records and risk assessments are detailed and give a good sense of the individuals. External professionals are actively involved in the individuals care and support and praise the service provided in Cwm Gwendraeth.

Staff receive appropriate training and have the skills and knowledge to meet individual's needs. The leadership is described as open and supportive, staff told us "Management is great, very supportive" and "I am very happy here, and well supported by the manager and deputy".

People live in a service that protects them from harm, with robust risk assessments and maintenance checks. The home is spacious, clean and comfortable and people are encouraged to personalise their rooms as they want. People can choose to spend their time in their own room or to have the company of others in communal areas.

People receive care and support from staff who have a good understanding of their complex needs and how best to support them. Care records are comprehensive and provide a good picture of the individual. The care plans and associated risk assessments are reviewed regularly. Staff are mindful of escalations in people's behaviours and there are clear plans for them to follow to support the individual during these times. Health and social care professionals are actively involved with people, and this is well documented in their care records. Communication between all parties is important to ensure people remain safe and their personal outcomes are achieved.

Whilst some people living in the service are unable to fully express their opinions to us, people were seen smiling, laughing, and engaging with care workers. Some people told us how much they like living in the service, the support from staff, and their daily lives.
Activities are person centred and are coordinated and reviewed with the individuals. Staff speak warmly about caring for people and working in the service. Care workers told us "I enjoy my work here, no two days are the same and the people are lovely, and I have had lots of training", this supports care staff to give the best care to individuals.

People are happy with the care and support they receive. Accurate and up-to-date plans guide staff on how best to support people. Senior staff complete assessments with the individual and their representatives before they move into the service. We saw good evidence of healthcare professionals being involved and staff support people to access specialist, medical support when necessary. Family members are informed of any changes to their relative's care needs, However, documentation of who is involved in reviewing plans is not clear. This was discussed with the RI and manager and will be checked at the next inspection.

People are protected from risk or harm, through systems and clear processes to safeguard individuals. Staff have good knowledge and understanding of safeguarding, and the process of reporting any concerns they have, to protect people. Deprivation of Liberty Safeguards (DoLS) authorisations are in place to encourage the best interest for people who are unable to make decisions themselves. Risk assessments support any changes required to people's environment, such as specialist beds and equipment that people need to maintain their well-being.

The catering service has achieved a food standard rating of five, which is the highest level. The chef is knowledgeable about the variety and choices of food available and specific dietary needs of people.

Sufficient staffing levels are in place to meet the care 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.

The provider has policies and procedures to manage the risk of infection. There are good hygiene practices throughout, we observed staff wearing the correct PPE and following Public Health Wales guidance.

## Environment

The home is accessible with wide corridors and doorways, the layout in each area enables people to move around freely. Well-lit areas with clear signage help people to orientate
independently. People's bedrooms are spacious with en-suite facilities and equipment to support their individual health needs. Fully equipped adapted bathrooms are available for people who choose to have a bath. Comfortable and homely communal areas enable people to relax and interact with each other if they wish, there are different lounges in each area for people to access so that "quiet areas" are available for those who prefer this. However, we did note that a couple of the communal areas in parts of the home were being used more for storage. People are encouraged to personalise their rooms with ornaments, soft furnishings, photos, and items of furniture of their choice. The gardens are secure, welcoming and offer the opportunity for people to use them for their own enjoyment and safety. The front doors on each unit are keypad protected for safety and security purposes.

The well-maintained environment supports each person's well-being and safety whilst promoting their privacy and dignity. Procedures are in place to ensure the buildings' mechanical and electrical systems are safe and regularly checked. Managers sign off all maintenance work on completion. Quality is assessed through additional maintenance audits that include health and safety, catering, and infection control.

Infection prevention and control measures (IP\&C) are in place throughout the service. There are sanitation stations throughout the home and care staff wear personal protective equipment. An up-to-date IP\&C policy is in place in line with Public Health Wales guidance.

## Leadership and Management

The provider has arrangements in place for monitoring, reviewing and improving the quality of the service. The RI visits regularly and completes their regulation 73 visits as required, we saw reports completed following these visits involve people who live and work at the home. The six-monthly Quality of Care Review uses information from audits and surveys to assess and improve the quality of care. People who live and work in the service confirm they talk with the RI.

The staff are positive about the leadership at the service. The manager and deputy are accessible and supportive of the people who live and work at the home. A care worker said "Management are approachable and supportive. If I have anything I need I know I can speak to them".

Up-to-date policies and procedures support good practice and staff have a sufficient understanding of key policies. They confirmed they receive regular supervision meetings, including annual appraisals. Discussions with staff, demonstrate they have a good understanding around safeguarding. We saw staff following appropriate infection prevention and control measures.

Staff records show they receive a comprehensive induction, regular supervision and an annual appraisal. Staff attend a range of mandatory and specific training and the service's training matrix corroborates this. Care staff told us about the training they have attended and demonstrate a good understanding of their role in supporting the people in the service and protecting them from harm.

The provider ensures there are enough knowledgeable and skilled care workers to provide the right support for people. Pre-employment checks take place before new employees start work - these include reference checks, photo identification and Disclosure and Barring Service (DBS) checks. The staff induction programme links to individual learning outcomes and the 'All Wales Induction Framework for Health and Social Care.' However, staff information is kept at head office and is not readily available to see. This was discussed with the RI and manager who explained a new system will be in place where staff personnel files will be accessible in the service to authorised persons only, and not kept at head office. This will be checked at the next inspection.

## 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 <br> target date for compliance is in the future and will be tested at next <br> 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 <br> 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 <br> inspection | N/A |
| :---: | :--- | :---: |

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