



Inspection Report on

Swn-y-Gan

**Swn Y Gan Nursing Home
Banc Bach Penclawdd
Swansea
SA4 3FN**

Date Inspection Completed

25/11/2021

Welsh Government © Crown copyright 2021.

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 Swn-y-Gan

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	SWN-Y-GAN LTD
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Swn y Gan is a care home with nursing situated in a semi-rural village near Swansea. The service has just completed a significant extension with further renovations planned. There is a very experienced responsible individual (RI) in post who is also the manager.

People receive a highly professional, person led service that is well managed. Staff are professional, well trained and motivated to make a difference to people's lives. Relatives and external professionals are very complimentary of the service and expressed confidence in the commitment of staff.

We found the health and wellbeing of people is actively promoted and closely monitored. People are supported by highly committed staff, who know them very well. People are seen as individuals whose choices, likes and dislikes are always taken into account.

Well-being

People are happy and as healthy as they can be supported by caring staff. There is a relaxed atmosphere in the service that helps people feel at ease. People have built strong relationships with care workers and feel comfortable in their presence. Although there is some turnover of staff there are a number of experienced long-standing care workers who know people very well. This continues to provide continuity of care, as well as assisting new staff members to settle into their roles. There is a good understanding of dementia in the service, demonstrated by staff interactions throughout the inspection. The service maintains good relationships with external health and social care professionals. Timely referrals are made when needed. Personal planning documentation is detailed and regularly reviewed. They clearly note the people's current circumstances as well as providing care workers guidance on how best to support them.

People are supported in a safe, homely and well-maintained environment. There are stringent infection prevention and control procedures in place. These are consistently followed by staff. Staff receive training relevant to their roles and were fully aware of their safeguarding responsibilities. There is an up-to-date safeguarding policy and procedure in place aligned to current legislation. We saw clear individual and environmental risk assessments in place that are up to date and reviewed at regular intervals. The environment is clean, well maintained and recently had a significant financial investment for the benefit of people. Relatives and professionals provided positive feedback on the service and felt people are "*well looked after*" and "*safe*". Any accidents and incidents are well documented and the appropriate action is seen to be taken.

Overall, there are strong management arrangements at the service for the benefit of people and staff. Staff recruitment, induction and training is well managed. Managers provide good support to staff on a daily basis, and readily make themselves available. Although, formal staff supervision and appraisal processes need to improve. The Responsible Individual (RI) is a daily presence in the service and has good support from senior members of the team. There are very strong quality assurance and auditing processes in place in ensuring the service continues to improve.

Care and Support

People have access to information about the service to enable them to make an informed choice before moving in. There is a detailed statement of purpose (SoP) and guide to service. These are written in plain language and in a format appropriate for people living at the service. They are also available in the Welsh Language if requested. Before moving into the home, the service identifies and discusses people's needs with them and/ or their relatives. The pre-admission process includes information from relevant health and social care professionals, ensuring any risks are carefully considered.

Care and support is adapted to suit each person's situation. Personal plans and risk assessments are thorough, reviewed frequently and reflect people's current circumstances. The service is working hard to improve personal plans, ensuring people's outcomes are clearly identified. This is a work in progress and all staff will have additional training and support. Personal plans describe the person well. Overall, there is good life story information available to staff. As there are high number of people living with dementia this provides staff with invaluable information. Staff use this information to reminisce and stimulate people's memories. Individual risk assessments are used to identify people's particular vulnerabilities, and strategies for protecting them. They are reviewed regularly and always when any new risks are identified. Deprivation of Liberty Safeguarding (DoLS) safeguards are in place for people who need them.

People's health and wellbeing is promoted by caring staff. People are happy and comfortable with staff who provide their care and support. There has been some recent staff turnover but good staffing levels are being maintained. This is through agency and ongoing staff recruitment. The service maintains a core of experienced staff who know people well. This provides continuity of care, trust and familiarity. It also ensures changes in health, mood and well-being can be recognised and acted upon. To keep people well, the service liaises proactively with the relevant professionals in a timely way. This relates to key areas such as diet, oral health and mental health. Care workers interact well with people and are fully aware of the importance of social interaction on mental wellbeing. The service is actively looking to employ an activities coordinator. This will support staff in delivering a wider range of activities.

Medication is well managed in the service. There are clear systems in place for the safe management of medication. Experienced nursing staff administer medication on each shift. Medication administration records (MAR) were accurate and appropriately signed. Senior staff carry out regular audits. The medication room is very well organised and locked when not in use. Temperature checks are being completed.

Environment

The provider continues to improve and enhance the environment for the benefit of people living at the service. There has recently been a significant extension to the service resulting in eight new rooms. All rooms besides two are now single occupancy only throughout the building. All new rooms are decorated to a high standard and have access to ensuite facilities. An overhead ceiling track hoisting system has also been fitted to each new room. This provides easier access for staff to safely lift people out of bed or to assist them to the toilet. There are also plans for further improvements. These include upgrades to a communal lounge and communal bathroom areas. In addition, bedrooms in the original part of the building will be upgraded and some will include ensuite facilities. Due to the vulnerabilities of the people living at the service not all could communicate verbally. The ones that could told us *"it's a lovely place to live"* and *"I'm very pleased with my bedroom"*. All others through observations appeared relaxed and content.

People live in a safe and secure environment with consistently good infection control measures in place. We found visitors have to ring the front door bell and can only gain entry via a staff member. All visitors must show evidence of a recent negative Lateral Flow Test (LFT) or complete a test on arrival. Temperatures are taken and a visitors signing-in book is in place. Current government visiting guidelines are being followed. Staff have good access to Personal Protective Equipment (PPE) and were seen adhering to strict infection control measures throughout the inspection. Infection control training is provided to all staff and current infection control guidance is being closely monitored by senior staff.

The service is clean throughout and there are good audit systems in place ensuring this continues. Both communal and private areas of the home are uncluttered and as much as possible free from hazards. Mobility equipment is stored appropriately and safety checks carried out. Substances hazardous to health are stored safely. The maintenance files show that utilities, equipment and fire safety features have regular and up-to-date checks and servicing. Each person has a personal emergency evacuation plan in place which is under regular review. Care files and medications are locked away to ensure safety and confidentiality.

Leadership and Management

The service provider has highly effective arrangements in place for the oversight of the service including various quality assurance processes. The Responsible Individual (RI) attends the service on a daily basis as they are also the manager. They are supported by an experienced Deputy Manager and senior team. There is good regular communication in place between managers and the wider team. There are sufficient audits of care processes undertaken to provide reassurance of the quality of care being provided. The RI undertakes a quarterly review of the service, resulting in a report. This includes the views of staff, people and relatives. A comprehensive six-monthly report provides a clear overview of the service. Any improvements are recorded and monitored through action plans. Both the manager and deputy manager complete regular audits of key areas such as health and safety, medication, personal plans and risk assessments.

There are consistently good staff recruitment, induction and training processes in place. Personnel records satisfied regulatory requirements in relation to staff recruitment. Appropriate reasons were given for any gaps in information. A good induction process is in place. This includes a period of shadowing experienced colleagues. Recently staff induction has been reviewed and a more detailed programme is in the process of being introduced. Staff training continues and is being well managed throughout the pandemic. Most training due to current circumstances is in the form of e-learning. Overall core training for care staff is current and in date. Care workers referred positively to the induction and training and feel it helps them in their roles.

Communication is good in the service and staff feel well supported and their wellbeing is promoted. Care workers said managers are “*very supportive*” and “*always make time*”. This was evident throughout the inspection. Daily handovers ensure any relevant information is shared and discussed. Team meetings are also going to be reintroduced. However, there are clear deficiencies in relation to staff supervision and appraisals. Although there is evidence of staff supervisions, these are inconsistent and not being done on a three monthly basis. In addition, annual appraisals had not been organised for the last two years. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff have access to clear policies and procedures to enable them to safeguard people and effectively carry out their roles. To ensure people are protected, management acts promptly and appropriately to any incidents and accidents. They also liaise well and suitably with stakeholders. Comments from external professionals include “*we have a good working relationship*” and “*communication with the service is very good*”. The service had received no recent complaints and concerns. Processes are in place to deal with them promptly and appropriately, and to monitor them to help the service learn and improve.

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
36	Not all staff members received an annual appraisal and staff supervision was not consistently being	New

	carried out on a 3-monthly basis. Ensure all staff receive regular supervision and annual appraisals.	
--	---	--

Date Published 07/01/2022