



## Inspection Report on

**Ty Cwm Gwendraeth**

**Ty Cwm Gwendraeth  
Llannon Road  
Upper Tumble  
Llanelli  
SA14 6BU**

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

**This report is also available in Welsh**

**Date Inspection Completed**

13/12/2021

**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](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Ty Cwm Gwendraeth

Type of care provided	Care Service Adults With Nursing
Registered Provider	TY CWM GWENDRAETH LIMITED
Registered places	49
Language of the service	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	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

People are supported to do what matters to them and that they enjoy. During the pandemic accessing community activities has been limited. People are treated with dignity and their individual choices are respected. Various professionals are involved to ensure the right level of support is provided at the right time to meet people's complex needs. The environment and layout of the services supports people to be as independent as possible with ongoing maintenance and improvements being made. There is clear governance in place and staff feel supported by the manager and 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 and decisions about their daily activities. The activities coordinator plans and evaluates activities ensuring that people's choice and likes are at the centre of these. The service has not been able to access the community during the pandemic to visit theatres, cafes, sporting events, museums etc. The service has a hydrotherapy pool, gym and social club/cafe on site that everyone can access. The social club/café area is also used for people to celebrate anniversaries and birthdays with family as it has an outside area as well.

People have control over their day-to-day life. People have access to a Statement of Purpose and a Service User Guide. Information on upcoming events in the service are displayed so people can choose to attend if they wish. Residents meetings are held as well as individual 1-1 meetings for people who do not wish to join a group meeting. This was evidenced in the quality of care review/reports and RI visits.

The safety of the people living at the service is maintained to protect them and reduce risk. Deprivation of Liberty Safeguards (DoLS) authorisations were in place. Where decisions were required to support the best interests for people, the correct protocols are followed. Risk assessments supported any changes required to people's environment, such as specialist beds and equipment that people needed to maintain their well-being. People were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and are required to show evidence of a negative LFT (lateral flow test), have their temperature taken and complete the visitor's book when entering and leaving. The manager has an open door policy and we observed visitors were happy to approach the manager and other staff. The manager and all care staff showed a willingness to work with other professionals to ensure best outcomes for people. Notifications are completed as required to relevant agencies and safeguarding training was up to date for all staff. This indicates that people are safe and as far as possible protected from harm.

## Care and Support

People can feel confident there is an accurate and up-to-date plan of care to meet their individual needs. Pre-assessments are completed before people move into the service, taking into account people's views, likes/dislikes and history. Electronic care records are well organised and give clear guidance for care workers on how care and support is to be provided for individuals. There is evidence of a multi-agency approach in people's care records; we saw guidelines from healthcare professionals such as occupational therapists, nurse practitioners, positive behaviour specialists and speech and language therapists.

Care workers regularly spend time with people in order to reassure them when they are anxious or upset. Care is provided according to people's individual personal plans. Staff positively and respectfully interact with people and their families. Care records are reviewed in line with regulations, or more frequently, wherever support needs change. People and their families are invited to be involved in reviews of their care along with the relevant professionals. Therefore, people feel listened to and can expect to receive the right care and support at the right time in the way they want it, to meet their needs. When speaking with people they told us *"I have been many places, but here is different they listen to me and help me to deal with things. They are great as I can be a pain I know, but they support me and make things better, the food is great too, they know what I need to eat to help my conditions"*, and *"they are good here lovely people, they help me do a lot. They know what I like"*.

The service has an up-to-date process for medication management. Medication administration records contain each person's photo and required information. All medication is stored in locked cupboards in the locked medication rooms in each of the services including controlled drugs, which are stored separately. There is a clear system for ordering, storing and disposal of medication. The temperature in the medication room is recorded daily.

## Environment

The provider ensures the service is well maintained with facilities and equipment to meet people's needs. The service has appropriate fire and electric risk assessments. There are regular audits of the environment including infection control, catering and health and safety. The design of the service including wide corridors and doorways, helps people with reduced mobility or who use wheelchairs to move around the building easily. The service is warm and people can meet and socialize with friends and family in a range of communal or quiet areas both inside and outside the building. People receive care and support in an uplifting environment that helps each person to achieve their personal outcomes.

There are planned improvements to areas of the service that were also identified by the RI during a visit, these include fixing/replacing some of the grab rails along corridors as they are loose, plans to improve areas in the gardens to have planting areas, have chickens and more areas for people to go out and enjoy.

Care records are securely stored electronically these are accessed by care workers through computers or by hand held tablets.

Infection prevention and control measures (IP&C) are in place throughout the service. All staff wore personal protective equipment (PPE), with PPE stations throughout the home. A clear IP&C policy is in place and is reviewed and updated as guidance changes.

## Leadership and Management

People receive support from staff who have the knowledge, competency, skills and qualifications required. Staff receive quarterly one-to-one supervisions. The supervision matrix shows the completed and planned supervisions for all the staff. Individual supervision records seen are detailed and show training needs and/or any support require. Staff told us *“we are well supported by management, they are brilliant, fantastic. They help if we need it, I can’t praise them enough, both of them”*. *“The RI remembers everybody’s name and comes and chats to us and the residents, asking how we are and thanking us, I feel very valued as a person”* and *“I am provided additional opportunities in my current role to prepare for future opportunities to progress, the support and opportunity to develop here is great. The door is always open to everyone to go in and chat to managers for advice or anything”*.

The training matrix for all staff shows the majority of training is up to date. Staff inductions and specific training needs are up to date. One person told us *“the training, development and opportunities here are great”*. Staff spoken to are positive about the support from the manager and the team. Staff files show the appropriate checks and clearances are in place for the recruitment of staff.”

People can be assured that there are systems in place to assess the quality of the service. The RI visits regularly to monitor performance. We looked at the latest visits and quality-monitoring reports. These demonstrated the RI was involved and present at the service and had a good oversight of daily operations. At the time of the inspection the RI visit and Quality of Care Report was in the process of being completed. We have had sight of the report, which is very thorough. There are clear action plans in place and all previous actions have been completed and signed off.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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	N/A

	inspection	
--	------------	--

**Date Published** 25/01/2022