



Inspection Report on

Cwm Coed

Abertillery

Date Inspection Completed

10/09/2024

Welsh Government © Crown copyright 2024.

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.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Cwm Coed

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Riverwood Housing Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	24 August 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People's individual circumstances are respected and considered. Activity and visiting arrangements are in place to promote emotional well-being. Referrals are made to health professionals to support and oversee people's physical health. Care staff are attentive and sensitively deliver the care and support people need. Care documentation is available for care staff and is reviewed as required.

The home is warm and welcoming. Health and safety measures within the environment have been strengthened. The service is safe and mechanisms in place to identify and manage risks have improved.

There are arrangements in place for the oversight of the service. Care staff are in sufficient numbers to support people to do things they enjoy, such as community access. Care staff are appropriately recruited, trained and supported. Medication practices in place require improvement.

Well-being

People are supported to do things of importance to them. We observed the positive relationships between care staff and people they support. Care staff respond to people's needs with genuine warmth, enabling people to relax in the comfort of their own home. Mealtimes provide people with an opportunity to socialise and enjoy the experience together. People appear comfortable in the presence of staff. We saw one person smiling and holding onto staff for reassurance and guidance. Records reflect people are supported in the community to do things that make them happy.

Practices in the service promotes peoples' physical and emotional health. Individual personal plans give an overview of people's life history, their likes, dislikes, and routines including their communication preferences. People and their representatives are involved in the planning and delivery of care. Support is also provided by a range of external health professionals. We observed people's care and support being delivered in line with their personal plans. Care records reflect relatives can visit the service whenever they choose, supporting people's emotional well-being.

There are systems in place to help protect people from abuse and harm. Care recordings take into consideration risk management which promotes people's safety. The correct protocols protect people from having their liberty restricted unnecessarily and detailed risk assessments help to keep people safe. Character and suitability checks of care staff are completed prior to them providing care. We observed care staff wearing personal protective equipment to promote the control of infection, although some further oversight of staff practice is required. There are systems in place for the management and storage of medication. We identified some concerns relating to medication management where further scrutiny is needed.

The environment enhances people's overall sense of well-being. The home is clean, warm, and comfortable. Health and safety checks have been improved. Communal spaces and bedrooms reflect the personalities of people living in the home. Arrangements are in place to allow for cleaning chemicals to be stored safely, but staff practice in this area is inconsistent. The service has systems in place to identify and mitigate the risk of fire. The home internally and externally has been developed and improved to enhance sensory experiences and risk management promoting people's overall well-being and safety.

Care and Support

Care staff are attentive and respond to people's needs with encouragement which enables individuals to engage in things of interest to them. Mealtimes are unrushed. Care staff sit next to people during the dining experience supporting people with their independence. We saw people relaxed in communal areas and one person being supported into the community for a walk. Staff have a good understanding of people's care and support needs and people benefit from a consistent care staff presence. We reviewed care staff rota's and saw staffing numbers are maintained and sufficient to meet people's needs.

Personal plans are clear and reflect how people want their care and support needs to be met. Care staff were observed providing care to people promoting autonomy and respecting their routines. People's preferences are acknowledged and understood, including identifying personal goals. We saw care staff supporting one person to make a sandwich and another supporting one person to relax and engage in an activity of their choice. Plans we reviewed identify the activities we observed and reflect how important these are to the individual. The recording and monitoring of people's outcomes and achievements within personal plans could be improved.

Peoples' physical health is promoted. Health advice is sought when needed and referrals are made to specialist services to enhance peoples' well-being. Risk assessments are completed for people receiving a service and forms part of the personal plan. Access to community services is available and facilitated in order to promote people's physical health. Regular reviews of care and support take place to ensure clear oversight of people's overall well-being.

Arrangements in place to support people with their medication require improvement to ensure they are consistently safe. The temperature of areas where medication is stored is monitored and storage areas are secure. We found most administrations are completed accurately; however, we found handwritten entries transcribed on medication records are not completed in detail or countersigned to ensure the information is accurate. We found the expiry date had passed on a prescribed cream currently in use. Mechanisms in place to support people with their medication require more robust oversight. This remains an area for improvement, and we expect the service provider to take action.

Environment

People benefit from a well maintained and comfortable environment. The décor in communal areas is homely and welcoming. People's bedrooms are personalised and contain items of choice and things they value. Bath and wet rooms are clean and tidy. The wet room now has a lock fitted to the door affording people using these facilities privacy and dignity. The kitchen is accessible to people, and we saw one person being supported to prepare their lunch.

There is a large conservatory with new flooring and a recently installed speaker system. This space allows people to listen to their favourite music and engage in activities of importance to them. People have access to a large garden and staff told us it is well used during warmer weather. There has been continued investment in the environment, supporting and promoting people's overall well-being.

The service provider has systems in place to identify and mitigate risks to health and safety. The property is secure. During inspection the reason for our visit was checked on arrival, but care staff failed to examine our identity prior to admission being granted. Records we viewed demonstrate routine completion of utilities testing. Substances hazardous to health are stored in a cupboard in the utility area. This now has a padlock fitted; however, we saw occasions where this cupboard was left insecure which poses a risk to people. The responsible individual (RI) assured us this will be monitored.

New radiator covers have been fitted throughout the property to ensure any potential risks to people are managed safely. Fire safety checks are complete, and fire drills are undertaken. Personal emergency evacuation plans provide guidance on how people can be safely evacuated in the event of an emergency. The fire risk assessment requires updating. Infection prevention and control practices need some attention to ensure practices are consistently safe. For example, the management of soiled laundry. The safety of external spaces has been improved with potential trip hazards made safe and risk assessments strengthened.

Leadership and Management

Mechanisms are in place for the oversight of the service. The RI completes quarterly visit reports and records observations of staff practice, engagement with people, their relatives and staff working at the service. This includes a detailed overview of service delivery. Quality Assurance processes include an evaluation of feedback from people receiving a service, their relatives and stakeholders to understand their experiences.

The service notifies CIW of events as required, but applications to the local authority regarding the deprivation of people's liberty are not always submitted. Policies and procedures, such as medication and safeguarding are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. The statement of purpose provides an overall picture of the service offered, including provision of the Welsh 'Active Offer.

Care staff are safely recruited, and they receive support and development in their role. Team meetings are held to share information and keep care staff informed. Records show staff receive regular one-to-one supervision with their line manager. Care staff told us they feel supported and valued. New staff complete an induction relevant to their role. One member of care staff commented the induction and training they received was very helpful.

Training records indicate care staff have completed mandatory training in subjects appropriate to their role. All social care workers are required to register with Social Care Wales, the workforce regulator. The provider supports all care staff through the registration process. Care staff files contain application forms, contracts of employment, job descriptions and employment histories. We did note some discrepancies with references and reasons for leaving previous employed, but we were assured this would be acted on.

DBS checks are completed. These regular checks and updates are important to review a staff member's suitability to work with vulnerable people. Staff receive safeguarding training, and they demonstrate a good understanding of their responsibilities in relation to safeguarding people from abuse.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
58	The service provider must have arrangements in place to ensure medicines are administered safely.	Not Achieved
57	The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 17/10/2024