



## Inspection Report on

**Caefair Ltd Affalon house nursing home**

**Caefair Nursing Home  
2 Felinfoel Road  
Llanelli  
SA15 3JG**

## **Date Inspection Completed**

05/09/2024

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## About Caeffair Ltd Affalon house nursing home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Caeffair Ltd
Registered places	46
Language of the service	English
Previous Care Inspectorate Wales inspection	29 January 2024
Does this service promote Welsh language and culture?	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

Issues with the environment, medication and care planning, that were identified as Areas for Improvement in the previous inspection have been resolved.

People appear happy at the service and are supported by a team of staff, with whom they have built up good relationships. There has been a change in the management of the service and the temporary arrangements have made a positive impact. Key documentation has been updated and new systems to improve the overall communication have been implemented.

The provider has made improvements to the environment. People are happy and relaxed in the different spaces available to them. Maintenance systems ensure equipment is safe and in good working order to meet people's needs.

The Responsible Individual (RI) visits the service regularly and is well supported by the Chief Executive Officer (CEO). Information from the RI's visits and the CEO's internal audits inform their six-monthly quality of care review.

## Well-being

People receive the right level of care and support that meets their needs. A representative told us, *“The staff are wonderful, they are flexible and fit things around his needs”*. People are supported to do the things that matter to them, such as accessing their local community and maintaining relationships with family and friends. People are supported to stay as healthy as possible because care staff help them to arrange and attend health care appointments. Interactions between people and the whole staff team are friendly and caring. People live in a service that is working towards an 'Active Offer' of the Welsh language and some staff can communicate in Welsh or English.

People are protected because of the providers safe recruitment processes and staff register with the relevant work force regulators, Social Care Wales and the Nursing Midwifery Council. The provider is improving their ongoing training and development to ensure staff give people the right care and support. People and their representatives know how to raise any concerns and have confidence in the staff team and RI.

The provider has completed work to ensure the building is safe and helps people achieve their goals. Individuals can personalise their own rooms and communal areas are spacious, with the necessary equipment to support people's specific needs. People use the different spaces available to do things they enjoy, for example chatting with each other, reading, using interactive technology and taking part in activities.

People have a voice and input into the running of the service because the RI includes them in quality assurance processes. The Quality of Care Review identifies areas to improve the overall service by using information from audits and following consultation with people who live and work at the home.

## Care and Support

Overall people appear happy with the care and support they receive. People know the staff well and we observed many warm and friendly interactions during the inspection. The dedicated team of staff are positive about the people they support and their roles. A care worker told us, *"I love the residents, I enjoy working with them and having a chat with them"*. Representatives are positive about the service and the relationships care staff have developed with people. A family member said, *"They are really good with him and they know us, it makes a big difference"*.

The temporary management team are allocating sufficient time to nursing staff and key workers, to ensure personal plans are accurate and up to date. Personal plans are becoming more detailed and guide staff on how best to support people to achieve their health or well-being outcomes. The temporary manager told us they expect personal plans to be thoroughly reviewed each month to ensure information is accurate. Issues with advice from health care professionals not being recorded in plans have been addressed. Senior staff continue to work closely with health and social care professionals to ensure plans are effective and help keep people as safe as possible. Procedures have been introduced to ensure key information such as food and fluid intake, weight records and skin integrity, are recorded and the information can be easily analysed to identify trends or potential issues.

The service has a passionate and committed activities coordinator. They are well known and arrange activities with people, such as accessing places of interest, reading books, foot spas and interactive games. The provider has recently purchased equipment to enable people to take part in a variety of stimulating activities. We saw people using technology, listening to music, watching TV, chatting with each other and playing games. People are also encouraged to meet with their family and friends as well as accessing the community with additional support.

Medication storage, administration and recording systems are now in line with national guidance. Nurses and senior care workers ensure medication is managed appropriately and give people the right dose of medication at the right time. Staff who administer medication receive training and their competency is regularly checked.

Adequate levels of nursing and care staff are available to meet people's needs. The provider uses a regular team of agency workers to ensure there is a consistency of care and support for people. People who have been assessed as requiring one-to-one support have access to this when required.

## Environment

The provider has resolved the issues identified in the previous inspection as an Area for Improvement. Many areas of the building have been decorated, new handrails installed, flooring replaced, bathrooms have been upgraded and new furniture purchased. The provider is replacing all internal doors within the home. The new maintenance and domestic staff have made a positive impact and are working together to improve the overall standards at the service.

There are many different communal areas for people to socialise with each other, staff and their visitors. People move around the home freely; the least restrictive option is now chosen and risk assessed appropriately. The outstanding Deprivation of Liberties Safeguards (DOLS) authorisations have now been applied for and the assessments are taking place. The provider ensures equipment is available for people to use that maintains their independence.

Individual rooms can be personalised by people with their own pictures, ornaments, technology, and furniture. Name badges on individual doors are gradually being replaced by a more recognisable system for people with memory challenges. People enjoy using the external area of the home to relax and socialise with each other and the provider is improving this space. Care workers are positive about the improvements being made to the environment and the impact they will have on people's well-being. Representatives are also satisfied with the environment and how well it is meeting people's needs.

Regular Health and Safety audits of the property are completed. Testing of fire safety equipment is up-to-date and the provider has completed all actions following a recent fire safety audit to achieve compliance with the fire regulations. Individualised, Personal Emergency Evacuation Plans are now available in emergencies.

The kitchen has a food hygiene rating of five. There is a set menu with alternatives available if requested. The provider intends to review the evening meal options offered to people to give them more variety.

## Leadership and Management

The providers oversight of the service has improved following a series of concerns identified by the local authority and health board. Arrangements are in place for monitoring, reviewing and improving the quality of the service. The RI is supported by the CEO and both visit the service regularly. The RI records their visits and intends to improve these by reviewing care documentation and recording more detailed feedback from people, their representatives and staff. The six-monthly Quality of Care Review uses information from internal audits and feedback from surveys to produce an action plan to improve the quality of the service. However, the provider intends to summaries actions and record how they will enhance people's health and well-being.

There have been significant changes to the management at the service. Temporary measures are in place until a permanent solution is implemented. Care staff are positive about the changes and told us they have more structure and guidance, that has helped boost morale. The temporary management team have ensured all personal plans are being comprehensively reviewed and updated, the correct documentation is applied for and all issues are reported appropriately. Internal procedures are being overhauled to ensure documentation is accurate, effective and stored safely.

The deputy manager, clinical lead, nurses and senior care workers have brought a level of consistency of leadership throughout the recent changes. Communication between the management team has improved, the reintroduction of daily meetings between senior staff from all departments has brought focus and direction. We observed senior staff discussing advice from health professionals, activities, maintenance, actions for the day and people's individual well-being.

The required pre-employment checks take place before new staff start work. Nursing staff maintain their Personal Identification Number (PIN) with the Nursing and Midwifery Council (NMC). Care workers register with the workforce regulator Social Care Wales. New staff receive an induction and a mix of mandatory eLearning and face to face training. The provider is implementing a new development programme to enable staff to meet people's specific and complex needs. Generally, staff receive regular supervision with their line manager and the provider is introducing a new system to ensure this is more effective.

Sufficient numbers of care workers are available to meet people's needs. We observed many patient and caring interactions throughout the inspection. The provider is now supporting staff through professional development to help them understand people's more complex needs and how best to achieve positive outcomes. The provider has reviewed their assessment processes to ensure they can meet the needs of new people who move into the service.





### 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.

### 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 has not ensured robust arrangements for the safe administration of medication.	Achieved
15	The service provider has not ensured that personal plans contain all appropriate information, documentation and appropriate assessments outlining how the care and support needs of individuals will be met. The service provider has not ensured that any risks to the well-being of other individuals to whom care and support is provided has been considered.	Achieved
44	The service provider cannot be assured that the premises are free from all hazards to the health and safety of people who use the service.	Achieved

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