



Inspection Report on

Cilymaenllwyd care home

**Cilymaenllwyd Care Home
Pwll
Llanelli
SA15 4RB**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

13/05/2024

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About Cilymaenllwyd care home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Barleybind Ltd
Registered places	49
Language of the service	Both
Previous Care Inspectorate Wales inspection	29 November 2022
Does this service promote Welsh language and culture?	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 living at Cilymaenllwyd are happy and receive care and support from staff who are friendly and respectful. Staff are led by an experienced and understanding manager who ensures they are trained and supported to undertake their role. There is a calm and relaxed atmosphere and care staff have time to meet the physical personal care needs of individuals whilst ensuring their mental wellbeing is also promoted. People are enabled to make choices and have control over their day to day lives.

The building and its contents are maintained and safety checks and audits ensure it is a safe place to work and live. The Responsible Individual (RI) has very good oversight of the service and strives to provide the best possible outcomes for people. Quality of care review reports are completed by the RI and identify areas of strength and any areas where improvements can be made.

Well-being

People told us they are happy living at Cilymaenllwyd. They are treated with dignity and respect and their rights are upheld. We saw positive interactions between people and staff. Appropriate banter and humour are used which creates a friendly and relaxed atmosphere. One person told us, *"It's perfect, we have a laugh"* and another said *"They (staff) are marvellous, 12 out of 10"*. People are able to make choices throughout the day. They choose what time they get up, where they want to spend their day and what they eat. A choice of two main meals is provided at lunch and dinner but an alternative offered if they do not like anything on the menu.

People's opinions matter and their voices are heard. Personal care plans are created and reviewed with individuals and/or their representatives. Residents' meetings are held and their views and wishes taken into account. Questionnaires regarding quality of care provided are also distributed biannually. We viewed a selection of the most recent questionnaires which show that people and their representatives are very happy with the care and support they receive.

People are encouraged to do things that matter to them. We saw one person applying their make up before going downstairs for the day and a hairdresser was available at the service. The activities coordinator considers each person's needs and told us, *"I cater for individual interests if I can, I read poetry to one person who is in bed. They like routine, I plan a month in advance"*. Activities include, storytelling sessions, entertainers visiting the service, trips out for fish and chips at the seaside or a meal at a local pub and a visit from alpacas. We were told, *"Music is big here"* and on the day of the inspection we saw people enjoying an entertainer singing with them. A family member told us, *"He has settled very well, he enjoys the music and will have a little jig"*. Staff told us how some people enjoy walking to the field at the end of the garden to see the horses in the field. Chatting to people and reminiscing is also an activity people enjoy with staff and each other. Pictures of people enjoying activities are posted on a private social media site that families can access. The provider recognises the importance of maintaining relationships with friends and family and visitors are welcomed to the home.

Care and Support

People receive support from care staff who are kind and respectful. We saw care staff assisting people in an unrushed and relaxed manner which is reflective of the atmosphere within the service. Personal care and support plans provide up to date information on how people want to be supported and their current needs. These are created with people and/or their representatives and are very person centred. People's preferences are clearly recorded and include detail such as how many sugars they like in their tea. The service provides the 'Welsh Active offer'. Some staff are Welsh speaking and we saw some key documentation readily available in Welsh.

Personal plans promote an enabling ethos and people are encouraged to remain as independent as they are able. People's mental and physical health is promoted and timely referrals are made to health and social care professionals for additional support when needs change. A relative told us, "*They are very much on the ball when his needs change*". A General practitioner (GP) has a close working relationship with people at Cilymaenllwyd and visits once a week. Each person is reviewed by the GP over a three week period or when required. A District nurse was present during the inspection and told us, "*They are very attentive to people and are always helpful, they have a personal touch*". People and their representatives are invited to participate in the reviewing of personal plans which are undertaken regularly ensuring they remain relevant. A relative told us, "*We are so satisfied, we were asked if we wanted to attend the review but are happy to do it by phone as we have nothing to say*".

There are systems in place to keep people safe from harm. The building is secure and visitors are required to be let in by staff and to use a signing in book. Records show that audits and servicing of the building and equipment are up to date to ensure the safety of people living, working and visiting the home. Staff are safely recruited and have received training in safeguarding of vulnerable adults. There is a robust system in place for the safe storage and administration of medication and regular audits are undertaken to ensure compliance. Falls are also recorded and evaluated monthly. Referrals are made for further assessment when required to minimise the risk of further falls and accidental harm.

Environment

Cilymaenllwyd is a large Georgian building. It is welcoming, clean and comfortable. Owing to the age of the building it requires ongoing maintenance and repairs. A maintenance person is employed and will carry out day to day repairs as and when identified by staff and the manager. There is an ongoing maintenance plan for the bigger repairs and outside workmen are called upon for the specialised jobs. The Responsible Individual (RI) visits regularly and undertakes very thorough inspections of the building and equipment. An action plan is created for any work that is required and this is reviewed at the RI's following visit. The RI is also confident that the manager will ensure any work is completed. An inspection has recently been undertaken by the local health board infection control team. This was also very thorough and we saw that the areas identified as requiring improving are being addressed by the manager and provider.

The home supports people to move around freely, the corridors are kept clear and handrails provide assistance to those who are less steady. Bedroom doors are different colours and have a photo to assist with orientation helping people recognise their room. A colour coded fire risk assessment is also displayed on each bedroom door to assist in the event of a fire. Fire drills are undertaken and each person has a Personal Emergency Evacuation Plan (PEEP) which is kept in readily available folder in the reception area. Audits including a Health and Safety audit and servicing of equipment, such as firefighting equipment is undertaken regularly. The kitchen has been awarded a five star rating following an environmental health inspection.

There are different communal areas for people to relax, either quietly on their own or to join in activities and chat to others. The dining area has tables of varying sizes where people can choose to sit with others or on their own. The layout supports lunch to be a social activity and we saw groups of people sitting chatting during lunch and assisting each other in a natural way. Welsh speaking people are encouraged to sit together so that they can chat in their mother tongue. There are large lawned areas outside where people can sit during the warmer weather. Social events are also held on the lawns.

Leadership and Management

The RI has very good oversight of the service and has an effective system in place to monitor, review and analyse the quality of care provided. Information is gathered from RI visits and consultation with people living at the service, their representatives and staff. This is reflected in the RI reports which clearly identify areas of strength and areas which require some attention ensuring the best possible outcomes for people. The RI has confidence that the manager will address any areas for improvement identified in an action plan and reviews at the following visit. The RI and manager have a very positive and supportive working relationship and this resonates throughout the team of staff. Staff told us that the manager is “*very approachable*” and “*understanding*” and the RI “*Will always ask how I am*”.

Staff are recruited safely and personnel files looked at contained the required information including references and checks such as Identity (ID) and Disclosure and Barring Service (DBS). This ensures they have the necessary skills and experience and are of suitable character to undertake their role. Prior to any lone working care staff receive an induction which includes shadowing more experienced staff. A training programme provides staff with the mandatory training and additional training based on individuals’ specific needs such as Dementia and Diabetes. Staff told us the ‘Dementia Bus’ training provided valuable insight into the condition which enhanced their understanding, knowledge and skills. Records show that staff receive regular one to one supervision which provides an opportunity to raise any issues they may have and identify areas for further training and support. One staff member told us “*X (manager) is very good and will always try to help you*”. Staff rotas evidence that there are sufficient numbers of staff on duty each day and these are produced in advance so that staff can make plans. One staff member told us, “*X (manager) is flexible with shifts to fit in around my family*”.

We looked at a number of key policies and found them to be up to date and relevant. The Statement of Purpose and Service User guide provides an accurate account of the service offered with pertinent information for people and their representatives. People told us they know who to contact if they have any concerns and one person said, “*I have nothing to complain about, there is nothing to complain about here*”.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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