



Inspection Report on

Allt Y Mynydd

**Alltymynydd Nursing Home
Llanybydder
SA40 9RF**

Date Inspection Completed

05/06/2024

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

About Allt Y Mynydd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Ashberry Healthcare Limited
Registered places	44
Language of the service	Both
Previous Care Inspectorate Wales inspection	6 December 2022
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

Allt y Mynydd provides a safe and nurturing environment and people receive care and support from experienced and trained staff. People and their families are happy with the level of care they receive. Individual's views are important and people are encouraged to have as much control over their day to day lives as possible.

Staff are safely recruited and receive support and training to undertake their role. Staff describe the manager as approachable and proactive. The manager and provider have good oversight of the service and audits are routinely undertaken to ensure compliance and to drive improvement. The building and equipment is maintained to ensure it remains safe for people living, working and visiting the service. Updating of the inside decor is ongoing and a new conservatory has recently been completed.

Well-being

People told us they are happy living at Allt-y-Mynydd and one person said "*It's wonderful, better than anywhere else I've been*", comparing it to previous settings where they had lived. A relative told us, "*They are absolutely brilliant and caring*".

People are consulted and their voices are heard. A 'You said, we did' notice board records the progress of people's requests and what action has been taken. Initial assessments and ongoing reviews involve people, and their representatives where appropriate. Family members told us they are kept updated and informed of any changes to care and support needs. We saw people being offered a choice of meals at lunch time and the cook is aware of people's preferences and specific nutritional needs.

We saw a selection of people's bedrooms which had personal items of their choice on display. Some people choose to spend most of their time in their room and have their own television to watch programmes of their choice. One person has a computer set up to use in their room.

Staff show respect and empathy towards people and one person said, "*I can't fault the staff, they never make me feel like I'm useless*". We saw positive and caring interactions between care staff and those they support. People told us they get help when they need it and do not have to wait long when they use their call bell for support. Those who are unable to communicate verbally appeared relaxed and at ease with care staff. Some areas of documentation on personal care records are not fully recorded and it was unclear if personal plans were being followed correctly for some individuals. Whilst this is not currently impacting on people, it is an area for improvement and we expect the provider to take action to address these matters and will follow it up at the next inspection

There are systems in place to keep people safe and to protect from harm. Staff are safely recruited and receive training in adult protection. Care staff told us they are confident that any concerns raised with senior staff are appropriately acted upon. The building is secure and the identity of any visitors is checked by staff before gaining access. Checks and audits are undertaken of the building and equipment to ensure it remains safe and hazard free. Individuals have a Personal Emergency Evacuation Plan (PEEP) to promote their safety in the event of an emergency.

Care and Support

People receive care and support when they need it by qualified and experienced staff. Individual personal plans detail what support is required and daily recordings evidence the support that has been provided. These are mostly detailed on the care provided but do not detail on how people have spent their day. We have discussed this with the manager who is addressing this. We also found gaps in documentation on personal care records on the care provided in some areas. It was unclear if personal plans were being followed correctly for some individuals. Whilst this is not currently impacting on people, it is an area for improvement and we expect the provider to take action to address these matters and will follow it up at the next inspection.

People and their representatives are consulted in the reviewing of personal plans. This is undertaken monthly and reflects any changes in care and support needs. Qualified nursing staff monitor and regularly record people's vital signs; their body temperature, pulse rate, blood pressure and respiration rate, as changes can indicate a health issue that may require medical attention. Timely referrals are made to health and social care professionals when required to ensure people's physical and mental health is optimised. One person referred to a recent health issue they had and stated "*They (staff) are on the ball*".

The manager has developed close links with the local General Practitioner (GP) surgery and weekly meetings are held with the advanced nurse practitioner. Any individual health concerns are discussed and appointments for people to be further assessed are arranged if required. This ensures health issues are addressed in a timely manner and people's health and well-being optimised. There is a robust system in place for the safe storage and administration of medication. Medication administration records are kept on an online system. There is an up to date medication policy in place and senior staff are trained to administer medication. Medication is stored safely.

The service provides an 'Active offer' of the Welsh language. Some staff members are Welsh speaking and those that are not fluent have learnt simple words and phrases. We heard conversations between staff and individuals in Welsh. Documentation is available in Welsh on request and people have access to Welsh radio and television programmes.

Environment

People benefit from a clean, homely and safe environment which supports people's needs. Due to the age of the building, it requires ongoing maintenance. There is a rolling program to update the décor and many areas have been redecorated since the previous inspection. New flooring for the corridors has been organised to be completed in the coming weeks. The building is well maintained and work has almost been completed on a new conservatory and main entrance. This will provide an additional communal space for people to spend time and family members have told us they are looking forward to using this to relax and chat with their relatives. There are also plans to improve the outside area to make it more accessible to people living at Allt-y-mynydd.

Bedrooms are of varying sizes and are mostly spacious. People have their personal belongings on display in their room and are encouraged to have it decorated to their own taste and preference. Some of the communal bathrooms have recently been refurbished and there are plans to refurbish the remaining ones.

Standards of hygiene within the home are good and we saw ample supplies of personal protective equipment (PPE) available to staff. Substances hazardous to health are securely stored and restricted areas are only accessible to authorised personnel. The kitchen has been awarded a score of 4 by the food standards agency which indicates standards relating to food hygiene are good.

During the inspection a Health and Safety officer was present completing an audit and check of the setting. The provider employs an outside consultant to undertake this. An action plan will be compiled of any improvements that are required to optimise the safety and wellbeing of people living, working and visiting Allt-y-mynydd.

The Fire service undertakes routine checks and there is a fire risk assessment and policy in place. Firefighting equipment, fire alarms and emergency lighting systems are maintained and serviced regularly to ensure compliance. People living at the service have a Personal Emergency Evacuation Plan (PEEP) to promote their safety in the event of an emergency.

Leadership and Management

There is strong leadership and management over the service. The current manager has been in post since October 2023, having previously managed the sister home. Some changes have been implemented by the manager and staff told us although it was initially unsettling, *“the changes have been for the better”*. Care staff told us they feel supported by the manager and feel able to approach them if they have any issues. One staff member said, *“X (manager) is very helpful and has resolved things. If there is a problem X will always make time for you”*.

There is currently no Responsible Individual (RI) in post however the compliance manager is in the process of applying for the position. The manager is confident this is also a positive change as they have already gained knowledge of the RI role through their role as compliance manager. The compliance manager has been undertaking provider support visits in the absence of the RI and therefore continues to have thorough oversight of the care and support being provided. During the visits areas such as environmental safety, people’s care documentation and staffing arrangements have been analysed to inform improvements and best possible outcomes for people.

Staff are safely recruited and the personnel files looked at evidence the necessary security and vetting checks prior to commencement of employment. These checks include references from previous employers, employment history and Disclosure and Barring Service (DBS) checks. On commencement of employment new care workers complete a structured induction programme and undertake shadow shifts with more experienced care staff. Mandatory training is provided and staff keep up to date by completing ongoing refresher training. Additional training is also provided according to specific individual needs such as Dementia. Care staff also have the opportunity to progress by completing the Care Home Assistant Practitioner (CHAP) training enabling staff to take more responsibility and duties. Quarterly supervision is provided to all care staff, providing an opportunity to identify strengths and areas for further development and training. One staff member said, *“It’s nice to have positive feedback”*.

We looked at a sample of key policies and found them to be up to date ensuring relevant information is available to staff and people living at the service.

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
------------	---------	--------

21	During the inspection on the 4th June we found that 3 people were not being repositioned and their skin was not being checked at the required 3 hourly intervals as stated on their skin monitoring form.	New
----	---	-----

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 19/07/2024