



## Inspection Report on

**Swn-y-Mor Care Centre**

**Swn-y-mor Care Centre  
Scarlet Avenue  
Port Talbot  
SA12 7PH**

## **Date Inspection Completed**

31/05/2024

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## About Swn-y-Mor Care Centre

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Speed 9395 Limited
Registered places	91
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">17 May 2023</a>
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

The management team at Swn-y-Mor consist of the Responsible Individual (RI), the area manager, the home manager and deputy manager. Various quality assurance processes are completed by the management team. There is an established core team of staff consisting of nurses, care workers and ancillary staff. Ongoing recruitment takes place to ensure the staffing levels are within the identified dependency needs of people living at Swn-y-Mor.

Staff are caring and know people well. Staff were seen to be kind and respectful whilst promoting independence. Whilst we were told care staff endeavour to provide care in a timely way: this could not be seen within care documentation recordings in line with people's assessed needs and personal plans. Controlled drugs are also not administered in line with the providers medication policy. Priority action has been identified with these areas.

People live in a home that supports their wellbeing and independence. Swn-y-Mor is purpose built but also has a homely feel where people and their families appear to be relaxed and happy.

Staff are recruited safely and complete an induction process depending on their individual experience and competence. Most staff have completed required training. Some improvements required to the provision of face-to-face training and individual supervision.

## Well-being

People have a voice and they are encouraged to contribute their opinions at informal occasions such as coffee mornings or 'having a chat'. Staff told us *"Each and every one of them is individual."* and *"What is important here is person centred care and we provide that."* We saw family meeting minutes. Improvements are being made to the review process so that in future people and their representatives will be invited to a quarterly meeting to participate in a review of their personal outcomes.

People can access information in the way they want it. The provider has a 31-page written guide and a 76-page Statement of Purpose (SoP). Both are informative documents however people will benefit from more user-friendly versions. We found this with some policies also. We were told if people want documents such as the written guide in Welsh, this can be provided.

People have choice as to where to have their meals, either in their own rooms or the communal dining rooms. Staff are kind, courteous and respectful. People are provided with choice and staff know about people's dietary requirements and those who can eat their meals independently are encouraged to do so. We did see meal alternatives offered in addition to what was on the menu. Regarding choice in general staff told us *"We respect people's wants, needs and desires. We have to balance our duty of care versus choice"*.

Whilst the staff team are up to date with safeguarding training and have an up-to-date policy in place; staff do not always provide or evidence provision of timely care. We cannot be sure people consistently receive position changes and skin integrity checks as identified in their assessments and personal plans. Recordings of nutritional intake do not consistently reflect that people's dietary requirements are met. Controlled drugs are not administered in line with NICE guidance. Some staff are not up to date with required training such as first aid (face to face) and do not consistently receive quarterly individual supervision. These identified areas can impact how well people are safeguarded and protected from neglect.

People are supported to engage and contribute to their community. During the inspection we saw preparations for celebrations of the 20<sup>th</sup> anniversary of the opening of Swn-y-Mor. People told us about the planned event and the barbeque held for families past and present. People participate in activities that help keep them healthy and happy. An activity board and newsletter inform people of these events. Activities are provided in different areas of the home. We saw pot planting, bingo and an entertainer at the home. Visitors were seen spending time with family members. People told us; *"They are as good as gold"* and *"The staff are all great"*.

## Care and Support

Care and support, such as pressure area relief, is not always delivered in a timely way or in accordance with people's personal plans. We viewed care documentation including assessments, position and skin integrity charts. These showed clear gaps in recordings of required position changes. Mattress checks completed for four people showed three people were cared for on 'pressure relieving mattresses' which were incorrectly set. According to records of dietary intake, people do not consistently have their nutritional needs met in accordance with their personal plans and assessments. We saw clear gaps with recording of meals and fluids taken. Staff did demonstrate they know people well and staff were seen to be kind and respectful whilst promoting independence. However care documentation and some observations show people are not consistently receiving care in accordance with their assessments and personal plans. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People's personal plans are reviewed by staff monthly or more often if there are changes. Whilst we saw family members are happy to call in and speak to staff and discuss any concerns, they are not currently formally invited to a quarterly review meeting. This is something the manager and team at Swn-y-Mor are working towards.

Deprivation of Liberty safeguard (DoLs) applications are mostly completed as required. A matrix is in place as a reminder for the DoLs renewals. We did note that the required notification is not being made to Care Inspectorate Wales (CIW) however this was addressed during the inspection process.

Whilst we saw safe systems in place for the management of medicines, improvements are required to the administration of controlled drugs. We saw medication is stored as required within the medication room. Time critical medication is administered in a timely way and we saw the nurse check people's symptoms and requirements for medication that is administered as per required need (prn). We did however see that controlled drugs are not always administered in line with the service's policy. They are not always checked and witnessed by a second member of staff. The 'witnessed' signature by the second member of staff takes place at a different time without the necessary checks being made. We therefore cannot be assured people are receiving controlled drugs as required in line with NICE guidance and the home's medication policy. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Environment

Care and support is provided in a location and environment that promotes people's independence. Corridors are spacious and accessible and people have their own ensuite toilet and wash basin facilities in their rooms. Communal bathrooms are spacious and have suitable equipment to enable people to bathe or shower depending on their preference. Bedrooms are personalised to the extent people wish and people and their visitors appeared comfortable spending time in people's rooms or in the quiet communal lounges. We saw bilingual signage throughout the building to support people whose first language is Welsh. Discussions were had with the manager to consider enhancing the environment further to ensure it is more conducive for people living with dementia. For example, contrasting handrails and items/décor to enable people to identify their own living area. People enjoy spending time outside and recently an outdoor area has been resurfaced. We were told there are further plans to make this area secure so everyone can access the area safely.

Staff and family visiting the home told us *"It's lovely, nice and airy here and the view is spectacular"* and *"It is family friendly, everyone feels welcome"*. We could see that as visitors came to the home and appeared to have a good rapport with staff.

The service identifies and mitigates risks with processes and checks in place. We saw a 'Health and Safety site visit' report completed within the past 12 months. A fire risk assessment is in place and a recent visit completed by the Mid and West Wales fire service reported 'adequate fire safety' with recommendations made. People have Personal Emergency Evacuation Plans (PEEPs) and their bedroom doors have a coloured strip for ease of reference to identify the level of support people require. Manual handling equipment checks are made to equipment such as hoists and slings and the passenger lifts in the home.

There is an ongoing environment improvement plan in place. This includes the redecoration of rooms as required. Works have been completed to corroded window lintels. A decorating programme is in place and there are also plans to replace windows where the glazing has blown.

The home is very clean and clutter free. When checking the sluice areas we saw these were locked as required and equipment stored appropriately. We did note yellow waste bags were on the floor as the bins could not support the weight of them. The deputy manager told us they would look for other bins that are fit for purpose.

## Leadership and Management

There are clear lines of accountability and governance within the home. The manager, deputy manager and area manager are accessible and there is an 'out of hours on call' system. The RI completes regular visits which form part of their quality assurance processes. We saw quarterly visit reports and the latest quality of care report. The RI told us they speak to people who live and work in the home but they do not always record this. The quality of care report clearly states what the service does and the RI will work towards this report reflecting what has changed and how outcomes have improved for people.

Staffing levels are in line with the SoP, with an established team of core staff. Recruitment is ongoing to ensure staffing levels remain as required. Occasionally agency staff work at Swn-y-Mor. They are usually known to the home and people living there. Recruitment processes are good. Checks such as references and Disclosure and Barring Service (DBS) checks are made prior to staff commencing employment. Registration with appropriate professional bodies such as Social Care Wales (SCW) is also completed and monitored.

Staff do not consistently receive the required training and individual supervision to ensure they are competent to provide the levels of care and support to individuals. A three-day induction is provided (as a minimum) depending on staff knowledge and confidence. Staff training is completed online with some additional face to face. Most staff are up to date with online training. However, improvements are required to ensure staff are up to date with face-to-face training such as Emergency First Aid, Fire and Manual Handling training. We did note staff receive end of life and dementia care training. Regarding other specialist training, the SoP states *"The home has a specialism in supporting those with neurological disorders such as Multiple Sclerosis and Motor Neurone Disease"*. At the time of the inspection staff have not attended this specialist training. The manager assured us this was being sought. With regards to individual staff supervision this is not provided quarterly as required. We saw 22 staff supervision records and of those 13 have had individual supervision once in five months. Overall, the supervision records did not consistently focus or reflect on staff practice and how their professional competence is maintained. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

Regular team meetings do take place and we saw smaller meetings are held throughout the course of the shifts. Staff told us *"Its a happy place to work"* and family told us *"They are marvellous – the nurse X is great. X really communicates with me I have to commend them – all the girls here are wonderful, they keep in touch"*.

### 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
58	Controlled drugs are not always administered safely and in line with the National Institute for Health and Care Excellence (NICE) guidance and the service's medication policy. Medicines should be administered as prescribed in line with NICE guidance and the medication policy.	New
21	Care documentation and some observations show care staff are not consistently providing care in accordance with people's assessments and personal plans. Improvements need to be made to ensure people receive care and support as detailed in their personal plans.	Not Achieved



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
36	The provider has not ensured all staff have the required training such as first aid (practical), specialist training as detailed within the providers statement of purpose nor quarterly individual supervision. The provider must ensure staff are adequately trained and supervised.	New

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