



Inspection Report on

Cwm Gwendraeth

**Llannon Road
Upper Tumble
Llanelli
SA14 6BU**

Date of Publication

25 October 2018

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Description of the service

Cwm Gwendraeth Care Home is a purpose built care home located in Upper Tumble between Crosshands and Llanelli. The home is registered to provide care for no more than 59 people over the age of eighteen.

Cwm Gwendraeth provides nursing care and/or support with personal care for persons with a diagnosis of acquired brain injury; diagnosis of dementia/mental infirmity and persons with a learning disability.

The Registered Provider is Fieldbay Ltd and the registered manager is Avril Pickett.

Summary of our findings

1. Overall assessment

The provider strives to deliver high quality care to individuals with varying needs.

Staff recruitment is ongoing within the multi disciplinary team in place at Cwm Gwendraeth. People living in Cwm Gwendraeth are treated with respect and dignity and have their care needs met in a timely way; however consistency with care documentation and staffing levels is required to ensure this continues.

2. Improvements

We saw evidence of improvements since the last inspection. These included:

- **Activities:** Improvements have been seen to the activities provided throughout the home with evidence of quality interactions between staff and residents.
- **Medication:** Improvements with the administration; recording and auditing of medication were evidenced.
- **Staffing Levels:** Improvements were seen to the staffing levels in place.
- **Audits of environment:** These were in place with outcomes and actions.
- **Notifications:** Reporting of incidents has improved.

3. Requirements and recommendations

Section four of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- **Care Plans and Risk Assessments:** Consistency of information between the hard copy files and the electronic care documentation.
- **Activities:** People to be made aware of the home's planned communal activities and events.

1. Well-being

Summary

People living at Cwm Gwendraeth are treated with dignity and respect and have good relationships with the staff that care for them. Improvements to the provision of activities within the home have been made, thereby improving people's experiences and optimising their overall well-being.

Our findings

People living in Cwm Gwendraeth are supported to do things that interest them, allowing them to have a sense of achievement. There are two full time activity-coordinators employed with a further three in the process of being recruited. There are also three driver/carers in post with access to three minibuses for trips and outings. On the day of the inspection a trip had been arranged to a local railway. Residents were supported to prepare for the trip and their excitement was shared with other residents who, on this occasion, were not going. On their return they shared the events of the day and the experience. In the main lounges we heard age appropriate background music and saw people being offered television programmes to watch of their choice. We saw one to one interactions and discussions with plans being made to attend activities in the communal areas; 'Hobby Hut' and 'Big Cwtch'. We saw arts and crafts taking place in the 'Hobby Hut' with one person who showed us a planter they had made and told us of their plans to use it in the garden. We saw that people had access to pleasant, safe outdoor areas of their choice. Care records and diary entries evidenced activities that have taken place. These included a weekly communication group; planning and shopping for the garden; Coffee in the Cwtch; Games in the Hobby Hut as well as several day trips out. We were told that weekly activity meetings were held. Following these the planned activities were then recorded in the diaries on each unit. There was not a visible timetable of events for residents and visitors to see: however one activity coordinator told us her role was being developed and this was something she planned to work on. The minutes from the 'Families Meeting' held in March 2018 also stated that families wanted more information about upcoming activities within the home. The manager told us of plans to compile a newsletter of such events within the home. Since the last inspection, improvements have been made with the provision of activities within the home ensuring people have things to look forward to. We recommended that people are informed of the home's planned communal activities and events.

People are treated with dignity and respect whilst choice and individuality is promoted. We saw positive interactions towards residents from nursing staff; care workers and therapy staff, such as speech and language therapist and occupational therapy staff. People were spoken to in either Welsh or English ensuring the active offer was in place and it was evident staff knew people's preference of first language. We saw choice being offered in relation to routine; meals and activities. We saw a nurse ensure that a person was included in the meal time experience whilst the person's preference to sit away from other people was respected. We saw a care worker talk patiently to a person who said there was something wrong. The care worker took the time to establish what the concern was using communication skills in a respectful and professional manner. Care workers were seen providing quality interactions with people with genuine interest shown when in conversation

and they did not appear distracted by other tasks or routine. We saw minutes from a 'Families Meeting' held in March of this year. This allowed family members the opportunity to express views on behalf of their family members. We also saw recordings in care documentation about people's preferences and wishes and we saw that family were involved in this process too. This evidences that what matters to a person is reflected in the delivery of their care, ensuring their well-being is a priority.

2. Care and Support

Summary

People's needs are met in a timely manner with involvement of in house specialist team members when required. These include physiotherapists, occupational therapists and a speech and language therapist. Improvements have been made to care documentation though further work is required to ensure that updated information is available to all care staff. Staff recruitment has led to increased staffing levels.

Our findings

On the whole people's needs were seen to be met in a timely manner with appropriate referrals to professionals as required. The staffing rotas seen reflected the ratios as described in the service's statement of purpose. Night shift cover was typically provided by eight or nine care workers and two nurses whilst day shifts were typically 15 care workers plus four nurses and support staff including activity staff in addition. Whilst inspecting the home we saw nursing staff; care workers; physiotherapists; occupational therapists and a speech and language therapist completing assessments and providing support to residents. We saw up to date, accurate records of assessments in place for people completed by in-house therapists. These assessments were completed as part of an ongoing review process or when the nurses had requested additional assessments due to changes. One nurse told us "*we do not have long waits for referrals. People are reassessed when they need to be*". On the whole nurses and care workers did not appear distracted or under pressure: however there was one short period of time when this was not the case. We saw one person requiring assistance in a main lounge whilst another person was left at the dining table for a long period of time after the meal had finished. It was apparent the staff were busy with other residents and a hospital admission was being planned for one person. When we spoke to the manager about this she told us that usually staff are relocated within the home to accommodate when one area of the home is busy. The manager said she would reiterate that this support is available to staff to ensure needs of people are met in a timely manner. We spoke to staff who told us that the staffing levels are much better. One member of staff told us "*It's busy but I think I need to adapt my way of working*". Another member of staff told us that "*on the whole there are enough staff with extra when we have trips planned*" and another member of staff said "*staffing is much better though it is not always the same if people are off when unplanned*". Staffing levels have improved and on going recruitment is in place which ensures staffing levels remain consistent.

Based on this information, we could be assured that compliance with Regulation 18 (1) (a) had been met.

Suitable arrangements are in place for the administration, recording and storage of medications, ensuring people have medication as prescribed. We inspected two units within the home; a nursing unit and a mixed nursing and residential unit. Of the 25 Medication Administration Record (MAR) chart front sheets seen, all were completed appropriately with people's details and special instructions and allergies. Each chart had a recent photograph of the person as required. Of these 25 charts, 10 were checked in detail and no gaps were observed. Refusal of a medication for two weeks was noted on one chart. This had been noted on a pharmacy audit; however staff had not raised this continued refusal of medication with the GP. The Manager agreed to ensure medication reviews are completed

in the event of continuous refusal or omission of medications. Medication was stored securely with the room and fridge temperatures being monitored and recorded daily. The manager told us of regular medication audits of the individual units that were completed by the deputy manager. We saw recordings of the latest audits completed on the 29 August 2018. A nurse told us that their daily handover included checking the MAR sheets with the next nurse on duty to ensure the charts were completed accurately. We conclude that improvements have been made with administration of medications in line with the National Institute of Clinical Excellence (N.I.C.E.) Guidelines for the Administration of Medication in Care Homes 2014.

Based on this information, we could be assured that compliance with Regulation 13(2) had been fully met.

People's wide range of needs are anticipated and electronic care documentation is accurate and up to date: however this is not always reflected in the hard copy files available to the care workers. Electronic care files viewed were detailed and contained care plans and risk assessments detailing how the individual's needs should be met. These were reviewed when there were changes or as per National Minimum Standards. Of the four care files seen one did not have required risk assessments in place. Two out of the four seen did not have a social history or "About me" section completed. The manager told us this would be followed up and the information would be obtained from family members. We were told care workers could not access people's electronic records without a member of trained staff to log on and therefore they relied on the information within the hard copy care files and verbal information received in handovers. One of the four hard copy files was dated July 2017 and had inaccurate information about a person's level of nutritional support required, according to their Speech and Language Therapy assessment (SLT). Care workers spoken to were aware of the level of nutritional support required and the SLT assessment: however if staff did not know the person, the information accessible to them was inaccurate. The nurse in charge updated the information whilst we were there. Audits of electronic care files were in place: however they need to include the hard copy files, ensuring that accurate information is available to care workers as well as nursing staff. The responsible individual has informed us that hard copy files will be removed and electronic care documentation will be available to all nurses, in house therapists and care workers; ensuring consistency of available information. This will be checked at the next inspection.

Based on this information, we could not be fully assured that compliance with Regulation 17(1)(a) had been fully met.

3. Leadership and Management

Summary

This was a focused inspection so not all of the aspects of Leadership and Management were inspected:

Our findings

The service continues to develop whilst meeting the varying needs of people living within the home. Meetings have been held since the last inspection with all staff and a separate meeting for family members. We saw feedback cards in reception and saw visitors being welcomed into private areas on the individual units. We were told of the refurbishment in progress of the main meeting area in the home for activities, families and residents to access. The manager told us of the introduction of a weekly clinical meeting since the last inspection and how this allows time for reflection around clinical aspects of care and support of the residents. Several staff told us that they felt supported in their role. One member of staff said *"I feel more supported sometimes – there is a lot of change in the home but it is being managed"*. Another member of staff told us *"the management are open to suggestions and we are listened to"*. We conclude that the manager is ensuring inclusion for all whilst developing and improving the service at Cwm Gwendraeth.

People living at Cwm Gwendraeth can be assured that they will be supported by staff that are recruited appropriately. We looked at a sample of four recruitment files and evidenced that they contained all the information in line with the legal requirements. At the last inspection not all second reference checks were in place. At this inspection we saw all reference checks had been completed with a full employment history in place. Disclosure and Barring Service (DBS) checks had been obtained prior to the care worker commencing work. Therefore we were satisfied that people are protected by robust recruitment practices.

At the last inspection there was inconsistency with notifying external agencies such as Safeguarding and Care Inspectorate Wales (CIW) of significant events. An improvement has been seen with this with notifications being made to CIW and a copy of all referrals to external agencies being kept and accessible on the premises. Therefore we conclude the home is meeting the legal requirements regarding notifications.

Based on this information, we could be assured that compliance with Regulation 38 had been met.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

At the last inspection we issued a non compliance notice in relation to Regulation 13(2):

- Regulation 13 (2) regarding administration, recording and storage of medications. Some MAR charts were incomplete, medications were not administered as prescribed and information was not in place as recommended within the 2014 N.I.C.E. Guidelines for Managing Medicines in Care Homes.

During this inspection we were satisfied that regulation 13(2) was fully complied with.

At the previous inspection, we advised the provider that improvements were needed in relation to the following in order to fully meet the legal requirements.

- Staffing levels (Regulation 18 (1) (a)). At this inspection we were satisfied that regulations had been met. We evidenced that staffing rotas seen reflected the ratios as described in the service's statement of purpose and that on the whole care needs were met in a timely manner.
- Notifications (Regulation 38). Notification of death, illness and other events. At this inspection we were satisfied that regulations had been met. Reporting of incidents has improved. CIW have received notifications in line with the legal requirements.
- Care Plans and Risk Assessments (Regulation 17 (1) (a)) :

We notified the provider that further improvements were needed in relation to Care Plans and Risk Assessments in order to fully meet the legal requirements. A notice has not been issued on this occasion, as there was no immediate or significant risk for the people using the service and improvements have been seen: We expect the registered person to take action to rectify this and it will be followed up at the next inspection.

4.2 Recommendations for improvement

- Activities: People to be made aware of the home's planned communal activities and events.

5. How we undertook this inspection

This was a focused inspection to follow up previous non compliance. An unannounced visit was made to the home by one inspector on 4 September 2018 between the hours of 9:10am and 17:50pm. The registered manager was present for most of the inspection.

- The Short Observations Framework for Inspection (SOFI) tool was used. The SOFI tool enables inspectors to observe and record care to help us understand the experience of the people who cannot communicate with us.
- We considered feedback received from the local health board in relation to Nurse Assessor visits.
- We spoke to people living at the home.
- We spoke to eight staff on duty on the day of inspection.
- We looked at a wide range of care documentation and audits that were in place.
- We looked at four care files.
- We looked at four staff files.
- We looked at 10 MAR charts in detail and 25 medication front sheets.
- We distributed questionnaires for the home to give to residents and their representatives, staff and visiting professionals.
- We did a full feedback of the findings of the inspection to the registered manager on the 5 September at Cwm Gwendraeth and we also gave feedback to the Responsible Individual via telephone on the 13 September 2018.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Fieldbay Ltd
Registered Manager(s)	Avril Pickett
Registered maximum number of places	59
Date of previous Care Inspectorate Wales inspection	5/4/2018 & 9/4/2018
Dates of this Inspection visit(s)	04/09/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
Additional Information:	