



Inspection Report on

Cwm Gwendraeth

**Mynydd Mawr Ltd - Cwm Gwendraeth
Llannon Road Upper Tumble
Llanelli
SA14 6BU**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

13/11/2019

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Description of the service

Cwm Gwendraeth 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 Responsible Individual (RI) is Paula Lewis and the manager is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People are supported to do what matters to them with a varied person centred provision of activities. People are treated with dignity and choice is promoted ensuring individuality is maintained. People's complex needs are met by various professionals ensuring the right level of support is provided at the right time. The environment and layout of the home supports people to be as independent as possible with ongoing maintenance and improvements being made. There is clear governance in place and staff feel supported by the manager and RI. Quality assurance processes in place evidence the importance of monitoring and improvements being made to ensure outcomes for people are met.

2. Improvements

This was the home's first inspection since re-registering with CIW in April 2019 under the Regulation and Inspection of Social Care (Wales) Act 2016.

We saw the issues identified at the last inspection regarding accuracy of care documentation and awareness of activities had been addressed.

3. Requirements and recommendations

Section 5 of this report sets out recommendations to improve the service which include:

- Care and Support: Reviews to be held with people and their agreed representatives three monthly as required.
- Notifications: Changes to the statement of purpose and the updated version to be forwarded to CIW.
- Recruitment: Application forms to reflect a 'full employment' history.

1. Well-being

Our findings

People are encouraged and supported to make choices and decisions about their daily activities of living. The activities team met each week in order to plan the following week's activities and evaluate the previous week's activities. This information was then passed to the individual teams within the home. People were informed and supported to participate in activities in a person centred way. The activities team and transport available enabled people to participate in a range of activities including visits to see pantomimes, football matches in Swansea and Cardiff, coastal walks and swimming sessions. Within the home there were coffee mornings and times where a wildlife team brought lizards, spiders and snakes into the home for people to interact with. The activity team also arranged takeaway evenings and arts and craft sessions in the hobby hut. All activities were risk assessed in order to keep people safe. If people wanted, their relatives and friends were informed and involved. One relative told us *"I am involved as much as I want to be. You can see the difference here – this is more than a care home"*. The activities people participated in were referenced in their care records as being activities that they enjoyed - we saw records showing that a person enjoyed visiting a local Dementia Choir, whilst another person liked to go swimming regularly. The use of the Welsh language was spoken naturally with people who preferred to speak Welsh. One care worker told us *"It is important as this is a Welsh community"*. We saw people had choice around where they wanted to spend time with people enjoying company with others in communal areas and others spending time in their own living space. One relative told us *"They are doing it the right way by doing what suits X at the time"*. This evidences that people are encouraged and supported to do what is important to them.

People are informed and given control over their day-to-day life. People have access to a Statement of Purpose and a Service User Guide, though both were in the process of being updated at the time of the inspection. We saw people were informed of upcoming events in the home and given the opportunity to attend. Residents meetings were held regularly and meeting minutes were seen that evidenced peoples' input and requests. An example of this was changes to the menu following feedback from people. People's voices are heard and their contributions valued.

The safety of the people living at the home is maintained with mechanisms in place to protect them and reduce risk. Deprivation of Liberty Safeguards (DoLS) authorisations were in place. Where decisions were required to support the best interests for people protocol was followed. Risk assessments supported any changes required to people's environment, such as specialist beds and equipment that people needed to maintain their well-being. People were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and were requested to complete the visitor's book when entering and leaving. People's financial records were available upon request and

cash balances checked were correct. The manager had an open door policy and we observed visitors were happy to approach the manager and other staff. The manager and staff showed a willingness to work with other professionals to ensure best outcomes for people. Notifications were made as required to relevant agencies and safeguarding training was up to date for all staff. This indicates that people are safe and as far as possible protected from harm.

2. Care and Support

Our findings

Overall, people can feel confident that there is an accurate and up-to-date plan for how their care is to be provided in order to achieve the best possible outcomes for each person. Senior staff carried out initial assessments before people moved into the home, taking into account people's views. Care records were well organised electronically and provided clear guidance for care workers on how care and support was to be provided for the person they described. One page profiles were available in paper format for quick reference and, with the exception of one, reflected the information provided on the electronic system. There was evidence of a multi-agency approach in people's care records; we saw guidelines from healthcare professionals such as occupational therapists, nurse practitioners and speech and language therapists where people's swallowing was affected. People's general health was promoted, with access to specialist and medical support when necessary. Care workers regularly spent time with people in order to reassure them when they were anxious. We observed care being delivered as described in individual personal plans and as per protocols. Excellent interactions were observed from nurses and care staff towards residents and family members. Staff showed respect and maintained people's dignity whilst supporting individuality and independence. Some people were not always able to verbally express their wishes due to living with an acquired brain injury and we noted that care records included a great deal of information regarding preferred methods of communication so that care workers were aware of people's wishes. In order to remain current, all care records were reviewed every month, or more frequently, wherever support needs changed. People and their families were invited to six monthly reviews of personal plans however this was not always easy to evidence within the care documentation. The RI and manager told us this would be considered with the new electronic care documentation system. We recommend reviews are held with people and their agreed representatives, three monthly, as required and this is reflected in care documentation. We conclude that people feel listened to and can expect to receive the right care and support at the right time in the way they want it, to achieve their best possible outcomes.

A robust process for medication management was in place. Medication administration records contained each person's photo and required information. Controlled medication was appropriately stored and recorded and returned medication was also logged. All medication was stored in locked cupboards in the locked medication rooms on each floor of the building. However, we noted that not all medication rooms contained medication 'fridges. We were advised one had broken and a new one was ordered. The system for ordering and storing medication was robust. Daily temperature recordings of each medication room were seen. This is because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. We observed administration and recordings of medications on Medication Administration Records

(MARs). Some people had their medication given to them in foodstuffs sometimes; we checked that this was always done in full compliance with the person's legal rights – all safeguards had been put in place and the person's family had been consulted throughout the process. We were told that no one self-medicated, but there was a policy in place should that situation change at any time. From this, we conclude that people can expect to have their medication managed safely.

3. Environment

Our findings

The provider ensures that care and support is provided in a well-maintained, suitable environment, with facilities and equipment that promotes each person's well-being. Records were kept to evidence maintenance of the home, including a fire risk assessment and electric equipment test report. Regular audits of the environment were also completed and these included infection control, catering and health and safety. The layout of the home promoted accessibility; we saw that the building had wide corridors and doorways, which meant that people with reduced mobility or who used wheelchairs could move around the building easily. Each person's room was en-suite, but there were large adapted bathrooms on each floor if people preferred a bath. It was noted that some bathrooms and en-suite rooms had dark coloured toilet seats so they would be more noticeable for people with significant memory loss, but not all areas were adapted in such a way. This was discussed with the manager and we were told this was considered on an individual basis. People told us they felt happy and comfortable. Each bedroom we saw was spacious. People were encouraged to personalise their rooms with ornaments, soft furnishings, photos and items of furniture. The lack of soft furnishings in corridors produced echoes – this was more predominant on the top floor where the ceiling was higher. We recommended to the responsible individual that ways of softening the acoustics in some parts of the environment was researched in order to make it more homely for people. The RI was aware of this and told us ongoing progress was being made with enhancing all areas of the home. The home was warm and had a choice of areas for people to use; there were lounges and quieter rooms on each floor, as well as outside patios where people could spend time with friends and relatives. This illustrates that people receive care and support in an uplifting, homely environment that helps each person to achieve their personal outcomes.

Confidentiality is maintained throughout the home. Care records were stored electronically and currently accessed by computers on desks in the corners of people's lounges. Confidential information was potentially on view in one lounge when the computer was being used. The manager was made aware of this and advised they would look into screen covers that can prevent viewing of information easily. Paper care documentation was also available in the lounges but not stored securely on the first day of the inspection. The manager was made aware of concerns around security of information and by the end of the second inspection day, all printed care documentation was stored in secure areas within the units and all staff were able to access the information as required. Since the last inspection all care staff have been shown how to access care documentation on the electronic system and paper care documentation had been reduced with only one page profiles being available in paper format. We could see these had required information around diet, nutrition, manual handling and what was important to people. The information was up to date with the exception of one out of the five seen. We were advised a new electronic care record system was being implemented and we saw examples of care documentation.

Whilst improvements had been addressed around storage of information and accessibility to staff it is apparent the provider is working towards implementing these whilst ensuring information is as accurate and secure as possible.

4. Leadership and Management

Our findings

People receive support from a service that provides staff who are suitably fit and have the knowledge, competency, skills and qualifications required to enable people to achieve their personal outcomes. Recruitment processes were checked and within the six files seen, all necessary checks were in place such as disclosure barring service checks, references and professional registration checks. Whilst proof of identification was evident, five out of the six files seen did not have birth certificates as required. The RI and manager were informed of this and intended to speak to the human resources team and ensure the required identification was in place. All six recruitment files had a history of employment and gaps in employment were explored however; half of the application forms seen had employment details of the previous 18 months. Whilst this met the employer requirements of stating the previous three employees it may not be seen as reflective of a 'full' employment history. We recommended to the human resource team and RI that a longer period of time or employment history is requested to reflect a 'full history of employment' as required. Individual supervision was provided to staff three monthly. The supervision matrix evidenced this and for those that were due supervision, dates had been planned. Four individual supervision records seen were detailed and evidenced reflective practice, identification of individual training needs and increased responsibilities and support required. Weekly supervision was recorded for new starters. Records reflected disciplinary processes applied and recordings around staff absences and returning to work. One member of staff told us "*The organisation has a positive approach to staff absence and will address it directly and reduce incidence ensuring consistency for staff on individual units.*" Individual training handbooks were seen for nursing, care staff and catering staff. The training matrix evidenced induction training and other required training was up to date, with additional training provided specific to the role, as required. Examples seen were care for people with epilepsy and additional in-house manual handling training. One person told us "*The induction was great*". Staff spoken to were positive about the support from the manager and the team. People benefit from a service where staff are supported and there is a comprehensive induction process in place ensuring new staff feel confident to deliver care to people.

People can be assured that there are systems in place to assess the quality of the service. Quarterly visits were completed by the RI that evidenced an analysis of complaints and compliments; audits completed in the previous quarterly period and meetings held for families, residents and staff. The RI recorded conversations had with people living, visiting and working in the home. Feedback forms were available in reception and we were told that psychology students were involved with collating feedback and sharing this with the manager. Within the RI's quarterly visit report, oversight of notifications and referrals to safeguarding were recorded. Notifications were made as required to CIW. However, when checking the latest Statement of Purpose it was evident CIW had not received a copy of this. We advised the manager and RI that any changes within the Statement of Purpose

should be submitted to CIW as a notification. The manager confirmed that daily analyses were completed of incidents within the home and subsequent notifications made. These were also reviewed at a senior manager's team meeting within the organisation to identify areas to improve and reduce the likelihood of such incidents reoccurring. At the time of the inspection the quality care review report was being compiled and was forwarded to CIW prior to the completion of the inspection report. We found that the provider is committed to improving the service for people living and working at Cwm Gwendraeth.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

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 (Care Standards Act).

- 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.

At this inspection, we saw improvements with the accuracy and availability of care documentation to all care staff.

5.2 Recommendations for improvement

We recommend:

- Care and Support: Reviews to be held with people and their agreed representatives three monthly as required. To be reflected in care documentation.
- Notifications: Changes to the statement of purpose and the updated version to be forwarded to CIW and thereafter each time it is updated.
- Recruitment: Application forms to reflect a ‘full employment’ history.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. Two inspectors made an unannounced visit to the home on 12 November 2019 between 9:10am and 4:40pm with a further announced visit with one inspector on the 13 November 2019 between 8:40am to 3:40pm.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We used the Short Observations Framework for Inspection (SOFI). 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 spoke to nine people living at the home on the day of the inspection, two relatives and fourteen members of staff.
- We walked around the home.
- We distributed questionnaires to the home to give residents, their representatives, staff and visiting professionals the opportunity to provide feedback on the service.
- We received questionnaires from one person living at the home, four relatives and two from staff.
- We looked at a wide range of records including care documentation, RI visit records, audits, staff training and recruitment records and five peoples' case records.
- We reviewed the Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

We did a full feedback of the findings of the inspection to the registered manager on the 13 November 2019 and we gave feedback to the Responsible Individual via telephone on the 14 November 2019.

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

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Mynydd Mawr Ltd
Responsible Individual	Paula Lewis
Registered maximum number of places	59
Date of previous Care Inspectorate Wales inspection	4/9/2019
Dates of this Inspection visit(s)	12/11/2019 & 13/11/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Yes
Additional Information: 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.	

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