



# Inspection Report on

**Cwmcelyn Nursing Home**

**High Street Blaina  
Abertillery  
NP13 3AQ**

## **Date Inspection Completed**

16 December 2020\_Donot\_Delete

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## About Cwmcelyn Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Shaw Community Living (SLS) Limited
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">Manual Insert</a> First inspection since registration of service in February 2020.
Does this service provide the Welsh Language active offer?	No

### Summary

CIW (We) carried out an unannounced focussed inspection to the service. To comply with the current pandemic restrictions this comprised of a limited site visit with other aspects undertaken on a virtual basis. People appeared comfortable and content and were positive about the care they received. People's plans are person-centred and focus on positive outcomes for individuals. There are sufficient staff numbers to support people, particularly for those who require individual support. Agency staff continue to supplement the staff team. There is oversight of procedures within the service and processes are in place to safeguard people from harm and the risk of infection. The manager left the service in February 2020. The replacement manager appointed to carry out the day-to-day operation of the service is not registered with Social Care Wales, which is a breach of the regulations. To strengthen medication practices a new medication administration system has been introduced.

## Well-being

People have some control over their daily lives. People's physical and mental health and wellbeing is considered. Individual histories set out people's likes and preferences. People are usually able to move freely around and in and out of the service. Risk assessments support individuals with their needs. Advocacy services are available although, visits have been restricted due to the pandemic. People's views are considered. Residents are asked for their opinions of the service on a six monthly basis. Resident's responses to the last satisfaction survey showed people were positive about meals, activities and the support available to enable to pursue their hobbies and interests.

People living at the service are safeguarded from harm. There are systems in place to record accidents and incidents. Regular audits of people's care delivery and health and safety monitoring is in place. Where there are necessary restrictions in place made in people's best interests to manage their safety, these appear proportionate. The service has worked in partnership with other agencies to participate in the safeguarding process. Staff have received on-line refresher training in safeguarding and reporting concerns. Staff are trained within, All Wales Safeguarding Procedures and the services' safeguarding policy refers to the updated guidance.

People are supported to do things that matter to them. Specific staff are employed at the service to assist individuals to participate in activities. Due to current restrictions, alternative forms of entertainment and activities are available and people are encouraged to maintain contact with their families. We viewed the Christmas activity programme which was varied. One person told us, *"there are things to do."* Another said, *"I enjoy living here, I like the coffee mornings and quizzes, I am not very good at them but like joining in"* another person said, *"it's ok living here"*. One person told us they had visited the community to see the Christmas lights and had enjoyed fish and chips. They said, *"it was nice to get out and see Christmas things."*

## Care and Support

People's care documents reflect their individual's needs. Each plan covers the core areas of an individual's care and support and details how staff can support them safely. For example, supporting a person with challenging behaviour. Individuals care is routinely monitored which supports referral to health professionals as and when needed. Routine care plan reviews are completed. The service had identified that individuals should be fully involved in care plan reviews, which has not always happened. We highlighted the lack of consistency of people's care files. This was noted during our last inspection visit to the service. The manager told us it is expected that the introduction of electronic care documents will streamline files and make them easier to navigate. It is planned this will take place this year.

The service has strengthened its infection control practices. Measures to mitigate the risks of CoVid19 such as regular temperature checks for staff and residents, staff handwashing checks and use of PPE have been introduced. In addition, enhanced cleaning schedules for the environment and a review of the service's infection control policy are in place. Monthly infection control audits are taking place. The service has complied with PHW guidance for regular testing for staff and people living in the service and worked with the relevant agencies when necessary.

To safeguard people the service is revising its medication practices. We were notified of a number of incidents involving the administration of people's medicines. To strengthen medication practices the service is changing from the current electronic system to a new package. In the interim, the service is using a paper recording system. Monthly medication audits are taking place they identified gaps in recording. Staff training is planned within the new medication administration system. We suggested all staff who administer medication including agency staff should receive training to ensure the future robustness of staff's practices.

## **Environment**

The environment was not a specific focus of this inspection. Information provided demonstrated health and safety audits are taking place at the service. There are infection control measures in place to minimise risks to people who live, work and visit the service. Due to the current pandemic, our access through the home was limited. Internal audits identified maintenance checks need to be carried out on a regular basis. The responsible Individual (RI) assured us this was being managed. This will be looked at our next inspection.

## Leadership and Management

Governance arrangements are in place that support the operation of the service. Systems are in place that inform the senior management team of all issues that occur within the home. Regular audits are completed which feed into a service improvement plan with any identified issues promptly actioned. Supplemental information showed the responsible individual (RI) had conducted virtual visits to the service. This was necessary due to the restrictions placed on the service during the pandemic that limited visitors to the service. We viewed a six monthly quality of care report for the service that showed the RI has clear oversight of the service.

The person appointed to manage the service in March 2020 does not have the necessary registration with Social Care Wales. The regulations expect the RI to appoint a suitable person to this position. We have identified this as an area of improvement. The RI has provided assurance that the manager will gain the necessary management qualification to apply for registration within six months. We have considered the impact to the people living and working at the service. The person appointed to manage the service must achieve registration with Social Care Wales by 30 June 2021 to continue in this role. We expect the RI to keep us fully updated.

We considered the staffing arrangements. A recognised tool is used to calculate staff sufficiency. We found there are sufficient staff numbers to support people living at the service, particularly for those who require individual support. Agency staff continue to supplement the staff team. We were told the service consistently uses the same agency staff/ provider. This means agency staff are familiar with the residents and the service having worked at Cwmcelyn on a regular basis. Safe staff recruitment checks are in place, which include vetting of agency staff this further serves to protect residents.

Staff development and training. The service has introduced on line training for staff to update their knowledge. This is in the absence of face-to-face training. Staff training is considered as part of the service's regular audits. Specialist training is provided to meet the needs of residents. Information showed 92% staff training compliance. Staff are receiving regular supervision. This offers staff members an opportunity to discuss the residents, service and their individual training and development with their line manager. The service has 62% compliance with staff supervision's. There is an acknowledgement that the recent pressures created by the pandemic have impacted upon staff supervisions. We discussed the supervision and training of agency staff with the RI specifically in relation to the new medication system. We were assured this was being considered by the organisation.

**Areas for improvement and action at the previous inspection**

None		
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**Areas where immediate action is required**

None	
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**Areas where improvement is required**

The appointed manager is not registered with SCW.	68 (1)
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We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection

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