



Inspection Report on

Cwrt-Clwydi-Gwyn Care Home

**CWRT CLWYDI GWYN CARE HOME
NEW ROAD SKEWEN
NEATH
SA10 6YA**

Date Inspection Completed

22/10/2019

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Description of the service

Cwrt-Clwydi-Gwyn Care Home provides personal care for up to 40 people aged 18 and over who may have mental health needs. It is a purpose built home set within its own grounds in Skewen, Neath. HC One Limited owns the service and Ruth Yates is the nominated responsible individual. There is an appropriately qualified manager in post.

Summary of our findings

1. Overall assessment

People enjoy life at Cwrt-Clwydi-Gwyn Care Home. They are respected by care workers who know and understand their individual needs and preferences. People have choice and control over how they are supported and cared for. They live in spacious accommodation that provides them comfort and allows them to socialise with others. Care workers actively promote people's health, safety and well-being. Managers lead by example and take action when needed to ensure that people continue to experience fulfilment in their day-to-day lives.

2. Improvements

This was the service's first inspection since registering with CIW under the Regulation and Inspection of Social Care (Wales) Act 2016 in August 2019. The service has now appointed a manager who is in the process of registering with Social Care Wales.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These relate to:

- promoting use of the Welsh language,
- ensuring equipment is kept clean,
- improving the environment for people living with dementia, and
- improving the quality of written information about the home.

1. Well-being

Our findings

People's rights are promoted at Cwrt-Clwydi-Gwyn Care Home. We found that people were encouraged to make daily choices, which care workers respected. Where people were unable to make decisions for themselves, Deprivation of Liberty Safeguards (DoLS) procedures had been followed to ensure their rights were protected. We saw that people's communication needs had been identified within personal plans, which people had helped develop. Efforts had been made to ensure that people who preferred to communicate in Welsh were allocated Welsh speaking key workers. However, we found that the home was not fully promoting the Welsh language and culture as set out within its statement of purpose, and recommend that this be addressed. For example, we did not observe any bilingual signage, name badges or menus, and Welsh reading materials had not been provided. Personal plans provided an overview of people's interests and outlined their preferred routines. 'Getting to Know Me' books were also being completed to help care workers provide person-centred care. People were able to contribute to discussions about life at the home during two monthly resident meetings. The evidence shows that people have control over their day-to-day lives.

People are able to experience a sense of well-being. People consistently told us they enjoyed life at the home, particularly the comfort and companionship that care workers and other residents offered. People appeared to be well-kempt and comfortable in their surroundings. We saw some people taking part in a lively game of balloon tennis that captured their interest. The home's activities coordinator was passionate about providing people with a varied programme of activities that included visits from schoolchildren, entertainers, animals and fitness instructors. Although people had enjoyed recent outings, we were told that these were becoming less frequent due to the home no longer having its own transport. The manager told us that this issue had been raised by people's families and was being discussed at management meetings. People had enjoyable mealtime experiences, with many commenting on the quality and range of food and drink on offer. We saw that care workers recognised when people needed support and provided this in a prompt and dignified manner. One relative told us their loved one had been touched at the effort made by the home to celebrate their recent birthday. Therefore, people experience kindness and compassion in their day-to-day care.

There are systems in place to help protect people from harm and neglect. People told us they felt safe at the home and confident that care workers were available to support them as needed. We saw that people had the required equipment in place to help protect them from harm, such as crash mats and air flow mattresses. We viewed the home's falls prevention and management policy, which had last been reviewed in September 2019. Records showed that three monthly falls audits had been carried out in line with this policy,

which considered the circumstances of people's falls and any contributory factors. The manager told us that these were also discussed during weekly telephone conferences with senior managers. We saw that the home's whistleblowing and complaints procedures were displayed on a noticeboard in a ground floor corridor, which people could refer to as needed. Care workers confirmed they were familiar with safeguarding procedures. The latest training data indicated that over 87% of staff were up-to-date with their safeguarding training. We can conclude that the home actively promotes people's safety and well-being.

People live in comfortable accommodation. We saw that the home had ample space where people could relax or socialise with others as desired. Communal rooms were homely and welcoming and individual bedrooms had been personalised to people's own tastes. There were plans in place to improve the facilities available to people, which included creating a sensory room and café area on the first floor. However, there is scope for the environment to be further improved, in order to better cater for the needs of people living with dementia. The manager took action between our visits to improve the standard of cleanliness at the home, and told us this would be closely monitored. We found that there were appropriate systems in place to ensure the premises is well maintained. Overall, the environment allows people to explore their surroundings safely.

2. Care and Support

Our findings

The home produces personal plans which set out how people's individual needs are to be met. We found that people's care and support needs had been identified during pre-admission assessments. These had been used to inform the development of personal plans. We saw that a temporary seven-day plan was introduced for one person who had recently been admitted to the home. Following this, a range of personal plans had been completed based on a greater understanding of the person's particular needs and wishes. Personal plans were supported by a range of relevant risk assessments and accurately reflected the care and support people were receiving. For example, care workers provided one person with the equipment they needed to enable them to wash and dress themselves. Another person's meal was cut up and positioned within reach, which allowed them to eat independently with prompts from care workers. Records showed that risk assessments and personal plans had been regularly reviewed to ensure they remained appropriate. People have up-to-date and accurate personal plans in place.

People receive the care and support they need and want. People confirmed they felt happy and safe in their home, where they were supported to make decisions for themselves. We saw that people chose where and how to spend their time, with some socialising in communal areas and others relaxing in their own rooms. There was a relaxed, homely atmosphere as people chatted easily and laughed together. Care workers were friendly and caring towards people, providing them with the physical or emotional support they needed. We saw that care workers responded promptly to call bells and treated people with dignity and respect. People spoke positively about their experiences at the home and the relationships they had developed with others. Comments included:

- *"They're doing alright here."*
- *"They were so good to me."*
- *"Staff are wonderful."*
- *"You never go without (food and drink) if there's something you don't like."*

There were numerous cards thanking care workers for their care and kindness. We found that people, and/or their representatives, had been involved in planning and reviewing their care. Any changes or concerns about people's well-being had been documented within daily recordings. We saw evidence that people had accessed medical and specialist services, as needed, to promote their ongoing health and well-being. The evidence shows that people receive care and support that enhances their quality of life.

The home manages people's medicines safely using an electronic system. We found that this system alerted staff to any medicines not given at the appropriate times and helped prevent medicines being given too close together. The system prompted staff to record the reason for giving any 'as required' medication, along with the dose. It also highlighted when

stocks were low and could generate various reports, such as the medicines received and returned to the pharmacy within a given timeframe. We observed a care worker administering medication safely using this system. They told us they had received good training and the system was easy to use, reduced the risk of errors and enabled them to keep accurate records. The service's medication policy had last been reviewed in September 2018 and accounted for the electronic system in use. However, we noted that it was generic to the company and would benefit from being tailored specifically to the home. We saw that medicines were being stored securely in lockable trolleys kept within a designated medication room when not in use. We can conclude that the home has appropriate medication systems in place.

3. Environment

Our findings

People generally live in a comfortable environment that is suited to their individual needs. We found the home to be light and spacious, with ample seating areas where people could relax and socialise with others as desired. The bedrooms we viewed were well furnished and decorated to a good standard. People told us they were happy with their individual rooms. They had the choice of en-suite or communal bathroom facilities. Drinks and snacks were available within dining areas or from small serving stations that care workers could access. We observed many points of interest and homely touches throughout the home, including personalised door signs, family tree photo displays and various artwork. There was also a garden area on a corridor in the memory unit that featured a trellis of flowers, garden bench, greenhouse and colourful ornaments. However, we recommend that the service research ways in which it can further improve the environment for people living with dementia. This is because there was a lack of appropriate signage and little colour contrast to the furnishings and décor that would aid orientation.

The standard of cleanliness varied between our inspection visits. We initially found some equipment in bathroom facilities to be soiled, such as shower chairs, floors, bins and storage units. Some lounge chairs were also in need of a clean. A large ground floor storage room used by care workers was untidy and full of equipment, some of which was dirty. However, by our second visit, this room had been transformed. Equipment was clean and accessible, and other items were being stored appropriately. Bathrooms were also found to be clean and hygienic. A member of domestic staff told us the products they needed were available and they followed a rota to ensure all resident bedrooms were regularly deep cleaned. The manager told us the home had been allocated two extra domestic staff to ensure appropriate cover during any staff absence. We noted that some lounge chairs still required cleaning, which was planned to take place during a night shift. We recommend that a system be introduced to ensure that lounge chairs and other equipment is routinely cleaned. The manager informed us that the overall standard of cleanliness within the home would be monitored more closely. The home was awarded a food hygiene rating of 5 (very good) in November 2019. Overall, people live in clean, comfortable accommodation.

The home reduces environmental risks to people's health and safety. We saw that keypads had been fitted to doors preventing people from accessing hazardous areas unsupervised. Corridors were wide and clutter free, enabling people to explore their surroundings safely. We found that the home's maintenance worker carried out general repairs and regular checks of the premises. We noted that the temperature of one of the small fridges being used to store drinks and snacks in a kitchenette area was not being monitored. There was also no system in place to ensure that checks of pressure relieving equipment were

recorded. Following the inspection visits, CIW were provided with evidence that these matters had been addressed. We viewed a sample of environmental records and found that the home's lift, boilers and hoisting equipment had been serviced during 2019. We can conclude that people live in a safe, well maintained environment.

4. Leadership and Management

Our findings

There are systems in place to ensure that people experience an improving service. We found the manager to be visible, approachable and responsive to feedback from others. People smiled and laughed with the manager as their conversations flowed easily. Many care workers commented that the manager, who had previously been the deputy manager, had had a positive impact on the home since being appointed. Regular staff meetings were held and care workers told us the manager listened to them and acted upon their views and suggestions whenever possible. The manager held daily 'flash meetings' with staff from each department to discuss any issues or concerns that had arisen and how these could be addressed. One of the company's quality managers carried out monthly practice audits and the manager provided weekly updates on the action taken to address any areas requiring improvement. The manager spoke passionately about providing a good quality service that benefited those living and working at the home. People could freely express their views about the service using an electronic tablet located in the entrance hall. Regular meetings were also well advertised. People live in a well-run home that is committed to making a positive difference to people's lives.

There is information available about the home and its services, although we recommend that this be easily accessible, accurate and produced in an appropriate format. We found that the home's current statement of purpose and resident guide could not be located easily. The home had recently updated these documents, which set out how the service was to be delivered. The resident guide was a lengthy document and not particularly dementia friendly. Some information needed to be added to the document, or amended, such as how to contact the responsible individual and the role of various agencies in the complaints process. People told us they had spent time in the home prior to moving in and a relative confirmed this. The manager described how a staff member was allocated to support people as they moved in by introducing them to others, going through the home's resident guide and explaining the daily routines and flexibility around these. People told us they had settled in well following their admission to the home. People know what to expect from the service, although the quality and availability of written information about the service could be improved.

People are supported by staff who have the skills to support them to achieve their personal outcomes. We observed a strong sense of teamwork amongst staff and morale was reported to be good. Staff turnover was low, with many care workers having worked at the home for a number of years. Staff records contained the required recruitment documents, which showed that they were suitable for care work. The home was in the process of renewing staff Disclosure and Barring Service (DBS) certificates to ensure they had been issued within the last three years, as is now a legal requirement. We found that the

manager was implementing a new appraisal system and addressing shortfalls in relation to the three monthly, formal supervision of staff. The company's quality manager was overseeing the manager's progress with this on a weekly basis. We saw data relating to staff completion of training, which appeared to be low in some areas, such as dementia care. The manager told us that the data did not take into account new training packages that had been introduced. However, there was ongoing work to improve staff's overall compliance with training, with letters having been issued to staff whose training was overdue. The quality manager was monitoring training data weekly and was able to demonstrate that improvements were being made. This will be followed up at the next inspection.

Feedback we obtained from staff questionnaires showed that staff would recommend the home to others. Staff had also awarded high ratings to the quality of management and training at the home. Care workers told us they found care documentation to be informative. They spoke knowledgeably about people's individual needs and preferences and we saw that they were able to anticipate these. Relatives confirmed they were confident in the knowledge and skills of the care workers. We can conclude that people are supported by motivated care workers who are confident in meeting their individual needs.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection of the service since it registered under the Regulation and Inspection of Social Care (Wales) Act 2016. At the previous inspection carried out under Care Standards Act 2000, we advised the provider that legal requirements were not being met as the service was operating without a manager. This issue has now been addressed.

5.2 Recommendations for improvement

We recommend the following:

- The service should implement the strategies outlined in its statement of purpose with regards to providing an active offer of the Welsh language.
- Lounge chairs and other equipment should be regularly cleaned.
- The service should research ways in which it can further improve the environment for people living with dementia.
- Information about the home should be readily available, accurate and presented in an appropriate format.

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 service on 17 October 2019 between 10am and 5pm. One inspector made a further unannounced visit to the service on 22 October 2019 between 10:05am and 5:10pm. This inspection was part of the CIW Review of outcomes for people living with dementia in care homes.

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 viewed the home's indoor and outdoor areas.
- We met and spoke with 12 of the people living in the home and used the Short Observational Framework for Inspection (SOFI) tool to observe some of their interactions with care workers. The SOFI tool enables inspectors to observe and record care to help us understand the experiences of people who cannot communicate with us.
- We gathered feedback from two relatives.
- We spoke with nine staff, including the manager, maintenance worker and activities coordinator. We also reviewed feedback from four completed staff questionnaires.
- We viewed four people's care records and four staff members' records.
- We reviewed the home's 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, the service promotes the best possible outcomes for the people they care for.
- We considered a range of other documents relating to the service:
 - Resident guide
 - Maintenance records
 - Safeguarding policy
 - Medication policy
 - Falls prevention and management policy
 - Complaints policy
 - Whistleblowing policy
 - Records of compliments

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About the service

Type of care provided	Care Home Service
Service Provider	HC One Limited
Responsible Individual	Ruth Yates
Registered maximum number of places	40
Date of previous Care Inspectorate Wales inspection	24/10/2017 (CSA)
Dates of this Inspection visit(s)	17/10/2019 & 22/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.	

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