



Inspection Report on

Swn-y-Mor Care Centre

**SWN-Y-MOR CARE CENTRE
SCARLET AVENUE
PORT TALBOT
SA12 7PH**

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Description of the service

Swn y Mor Care Home is located in Port Talbot on the coastline with extensive views over Swansea Bay. The home is registered to provide care for up to 91 people who require nursing or personal care. Handsale Limited is the registered provider. The responsible individual is Rishi Sodha. There is also an experienced manager in place who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

The home is managed by a professional, experienced and enthusiastic management team who continue to maintain a culture where people are placed at the heart of the service. Care workers all demonstrated good knowledge of the people they supported and an in depth understanding of the challenges they faced.

People live in a well maintained, homely environment where they lead happy and fulfilling lives. People living at the home and their relatives were enthusiastic about the home, the staff and the environment, and how this positively impacted on their wellbeing.

2. Improvements

There were no improvements identified at the last inspection.

3. Requirements and recommendations

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

1. Well-being

Our findings

People feel comfortable and 'at home' living at Swn y Mor. The location of the home was ideally situated with a long flat accessible seafront adjacent to the home. The external grounds of the property were well maintained and included a communal patio area and summer house. One person said *"just around the corner, there is a lovely ice cream parlour, they take me there when it's open. Nothing is too much here"*. The home was subdivided into four distinct units. Each benefitted from its own communal area and dining room. These were catered for from the main kitchen situated on the ground floor. There was a lift in situ, which enabled people to access all communal areas. People enjoyed a choice of communal seating throughout the home. People had access to a range of facilities. These included a cinema room, hairdressing salon (designed by the residents themselves), a relaxation lounge, a library/crafts room, a café, and large communal lounge areas.

Bedrooms viewed were all light, spacious and personalised with photographs and personal artefacts. This provided a sense of belonging. One person said *"I love the sound of voices outside my door as it keeps me company and gives me peace of mind, but I know if I want peace and quiet I can close my door and be in my own space, and that's lovely too"*. People, therefore live in an environment that promotes their wellbeing.

People are treated with dignity and respect by staff that genuinely care about their wellbeing. All interactions between people and staff were warm and friendly. We saw genuine fondness between people living at the home and staff providing care and support. This was demonstrated in discussions with care workers and people living at the home. Comments from staff included *"I love my job, the residents are amazing"* and *"it's a very positive culture here, it's all about the residents"*. We found care workers had a good knowledge of the people they supported. They were able to tell us about the person's personality, previous employment, likes/ dislikes and what was important to them. People's comments included *"the staff can't do enough for me"* and *"the staff and managers are marvellous, they really care"*. We saw a multi-disciplined approach to working in the home, where all staff worked to ensure people were provided with a quality service. The home experienced a low turnover of staff. This resulted in staff knowing each other and people extremely well. Therefore, people are treated well by staff that are familiar with their individual circumstances.

People are seen as individuals, and their voice is heard and listened to. There was an electronic care management system in place. This was well organised and captured both historical and recent information. This enabled staff to have a good knowledge of the people they supported. There was evidence people, and where appropriate their relatives were listened to and involved in the care planning and review process. We saw care workers offering choice to people throughout the inspection. This was in relation to areas such as food and activities. At the time of inspection the deputy manager held a resident and relatives meeting. We saw these were organised on a regular basis and evidenced good communication and involvement. People and their relatives told us they felt included in the decision making process, and were regularly consulted. People had an individual

keyworker that carried out a review of their care and support on a monthly basis. This was also undertaken if and when circumstances changed.

We found relatives of people with limited capacity to make decisions were regularly consulted. A relative told us *“staff are always open to our suggestions, in ensuring x is happy living here”*. We saw good communication was being maintained with health and social care professionals for the benefit of people living at the home. Therefore, the evidence suggests people contribute to the decisions that affect their lives, and their individual circumstances are considered.

Health and wellbeing is actively promoted in the home. This was promoted through a number of initiatives. These included the promotion of healthy eating and ensuring people had opportunities to socialise. We joined a number of people enjoying a continental breakfast. We saw such themed events were a regular occurrence. We saw the home had a range of facilities and activities that people could choose to be involved in. The home had two employed activity co-ordinators. This provided additional support in ensuring people were stimulated and enjoyed recreational activities of their choice. Recent activities included watching international rugby in Cardiff, visiting the theatre and fishing at Penarth. The home through fundraising initiatives had raised money to purchase specially adapted wheelchairs to enable people to go into the sea. We spoke to people and saw photographs showing the wheelchairs being used. These we were told had made a significant difference to people who previously had not being able to enjoy accessing the beach.

The home provided a monthly programme of activities. We saw December's activities included a visit from a local primary school, a ladies Christmas lunch at a local restaurant, a Christmas carol service, a visit from a choir and a men's lunch at a local pub. We met a number of young people visiting the home from a local comprehensive school. We were told this was part of completing a health and social care qualification. They were seen talking to people and enjoying the experience. We were later told by both the teacher and pupils they had gained an invaluable insight into the lives of older people and their experiences living in a care home. People living at the home also told us they enjoyed such visits. The home also maintained good relationships with external health and social care professionals. These included district nurses, general practitioners, social workers and occupational therapists. The manager also represented the home on strategic boards on subject areas such as oral health. They had also completed specialist training on areas such as dementia and palliative care. People are happy, active and as healthy as they can be.

There are a range of appropriate measures in place to protect people from abuse and neglect. All staff of whom we spoke had good knowledge of safeguarding procedures, and how to ensure the wellbeing of people was maintained. Policies and procedures were aligned to current legislation, national guidance and local adult and children's safeguarding procedures. The safeguarding policy included the roles and responsibilities of staff or others working at the service in receiving and reporting allegations of abuse, neglect or improper treatment or suspected abuse. The management maintained an open-door policy and maintained good channels of communication with staff, people and their relatives. Therefore, people are safe and risks to their health and wellbeing minimised.

2. Care and Development

Our findings

People can feel confident the service providers have an accurate and up to date personal plan for how their care is to be provided in order to meet their needs. The home was driving towards providing a paperless service, and had introduced an electronic care management system. We were provided with access to the system and inspected the records of six people living at the home. We found the records to be clear, informative and provided a detailed account of the health, wellbeing and social history of the person. We saw all initial assessments were carried out by senior staff. These were detailed and included information from a range of sources. These included the person, their relatives and a range of health and social care professionals. We saw care workers updated the system immediately when any actions were carried out. This we felt reduced the risk of important information not being recorded.

We saw personal plans were well written, outcome based and reviewed on a regular basis. However, the goals that the person wished to achieve were not always made clear. In addition although staff, people and their relatives told us they were regularly consulted on the contents of personal plans, this was not always recorded. Further focus should be placed on ensuring such information is captured in care planning and review meetings. Personal plans covered areas such as personal care, diet and nutrition, communication, oral care and mobility. In addition, everyone living at the home had a “*this is me*” document within their file. This provided an easy read overview of the person, and included a brief description of their likes and dislikes. Therefore, we feel the service provider considers a wide range of views and information, to confirm that the service is able to meet individual’s needs and support people to achieve their personal outcomes.

The service providers have appropriate mechanisms in place to safeguard people living at the home. We saw good risk management measures in place for people living at the home. These were clearly stated within care management documentation. Care workers were able to provide examples of how people were protected from risk. We saw any risks to people’s health and wellbeing were clearly stated, and control measures in place to minimise these risks. This ensured people who were at risk of falls; weight loss or developing pressure sores had the relevant safeguards in place. Risk assessments were detailed, well documented and reviewed on a regular basis, or when circumstances changed. We saw risks were being minimised through measures such as electronic sensor mats, regular weight monitoring and detailed skin integrity procedures. All such checks were immediately recorded on an electronic care management system used by all staff. This alerted managers when any risks were identified, and provided statistical information in identifying any patterns or trends.

We saw a detailed safeguarding policy/ procedure in place for staff to follow. This reflected current legislation and good practice guidance. All care workers completed safeguarding training as part of their initial induction procedure. In discussion with care workers we found them to be clear on their safeguarding responsibilities. They provided us with a detailed account of actions they would take if any suspected abuse was identified. The management team also operated an open-door policy, where people living at the home, relatives, staff and external professionals could express any concerns or dissatisfaction. This was

evidenced throughout the inspection, as managers were easily accessible and dealt with any issues that arose. In addition, we saw any suspected safeguarding concerns were referred to the relevant professionals in a timely manner. Therefore, people live in a home where they are safe and risks are minimised.

Systems are in place to ensure the safe oversight and audit of medicines management. We saw only nurses and senior care workers administered medication in the home. We saw all medication was stored in two dedicated locked rooms, one on each floor of the home. Only the lead nurse on duty had access to the medication rooms. The room had recently changed over to an electronic medication management system. An experienced nurse provided us with a detailed overview of the system. They were in the process of auditing all controlled drugs as there were a small number of inaccuracies on the electronic system. Genuine reasons were provided and the inaccuracies immediately addressed. We saw both care workers and nurses administering medication. This was done sensitively and professionally, and recorded appropriately. The medication policy was in line with The National Institute for Health and Care Excellence (NICE) guidelines "Managing Medicines in Care Homes". Therefore, the service has safe systems for medicines management.

3. Environment

Our findings

People are cared for in a safe, clean, and welcoming environment. The home benefited from a prime coastal location with panoramic sea views from most windows, and nice seating area in the outside gardens. The exterior of the home appeared well maintained and inviting, this continued on entering the home. The home was protected from unwanted visitors by an electronic door entry system. We were required to ring the doorbell to enter the home. On entering the home, we were greeted by staff and requested to sign a visitor's book. We were shown around the home by the assistant manager. We observed people socialising with each other and staff over breakfast. People and staff were very friendly and keen to greet us with a smile, giving a real sense of community.

Communal corridors were spacious and clean. There was also clear bilingual signage throughout the building. Bedrooms were well maintained and all had access to en-suite facilities. They also reflected the taste of the individual. People were very complimentary about the environment of which they lived saying *"it's a great place to live"* and *"I'm glad I live here, I've got people around me all the time, I was so scared and lonely at home"*. People live in a home where they are safe and happy.

The service provider identifies and mitigates risks to the health and safety of people living at the home. The home employed a full time maintenance person. At the time of the inspection they were seen to be upgrading an old smoking room into a bar area for people and their relatives to use. They were also responsible for carrying out a range of daily, weekly and monthly checks. Checks included the fire alarm system, window restrictors, wheelchairs, extraction fans, electrical equipment, water temperature checks, gas safety and pest control. We were provided with a well-documented maintenance file which evidenced all such checks were being carried and seen to be up to date.

We saw personal emergency evacuation plans (PEEP's) referenced in individual files, as well as in the fire safety log book for easy access in an event of a fire. We observed hoists and slings used for assisting people were stored in a designated area. On inspection there were visible service date stickers displayed on each evidencing regular safety checks were being carried out. We noted good infection control procedures were being maintained. We saw care workers wearing personal protection equipment (PPE), including gloves and aprons when providing personal care. Soiled continence products were transported using designated trollies to prevent spillage and transported to designated collection area that was clearly displayed. Therefore, people benefit from living in a home where there are good systems in place in ensuring all unnecessary risks have been identified and as far as possible eliminated.

4. Leadership and Management

Our findings

The service operates a culture of openness, honesty and candour at all levels through a structured and clearly defined management team. We found a relaxed, positive, can-do culture had been developed within the home. Throughout the inspection we saw many visitors entering the home. They were always greeted by staff and made to feel welcome. The manager who had managed the home for many years was absent on the first day of the inspection. However, they were available throughout the second day. In their absence the deputy manager held the responsibility for the operational management of the home. The deputy manager told us they were provided *“with good support from the manager”*, and referred positively to what had been achieved at the home over the last few years. We found them both to be approachable, knowledgeable, and supportive to both staff and people living at the home. All information and documentation requested was promptly provided. It was clear a significant amount of time had been vested in developing the deputy manager and senior staff.

Staff referred positively to the management team, comments included *“management are very supportive and are approachable”* and *“they have invested a lot in me, I am very grateful”*. Senior staff told us an operational management meeting was held every day at midday. This we were told ensured important information was shared appropriately. People living at the home told us *“they can’t do enough for you”*. A relative said *“they have been very supportive to us”*. We saw a clearly defined senior management structure described within the statement of purpose. This highlighted the responsibilities of all board members, of which included the responsible individual. We were told the responsible individual visited the home on a regular basis. In addition, the organisation had recently employed a quality and compliance officer who would be visiting the service on a six weekly basis. Policies, procedures and practices were reviewed and updated in light of changes to practice, changing legislation and best practice recommendations. The statement of purpose was detailed and reflective of the service provided. Therefore, the responsible individual has clear arrangements for the oversight and governance of the service in order to embed a culture that the best possible outcomes are achieved for individuals using the service.

There are audit systems and processes in place for monitoring the service. The service maintained a comprehensive quality assurance process. This included monitoring and regular audits of areas such as care planning, medication, maintenance and the environment. Consultation with people living at the home, relatives, staff and external health and social care professionals formed part of the auditing process. In addition, all incidents and accidents were recorded, and generated into detailed reports. These systems were analysed and resulted into a six monthly report. At the time of inspection the report was in the process of being finalised. The manager was also putting systems in place for the forthcoming annual return process. Therefore, the service has systems and processes in place to monitor, review and improve the quality of care and support.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to achieve the individual’s personal outcomes. We were

provided with staff rotas. We found staffing levels to be appropriate for the needs of people living at the home. All care workers told us they felt staffing levels were good, and enabled them to spend quality time with people. We were told this was regularly reviewed and additional staffing was arranged when the needs of people increased, or when additional resources were required for activities.

We inspected six staff personal files, and found good recruitment and induction processes were being maintained. We saw supervision and appraisal records. These evidenced regular supervision and annual appraisal meetings. In addition staff had daily access to the management team, as well as regular team meetings. However, although all personnel files contained documentation as per regulatory requirements they were cluttered and disorganised. Care workers were provided with good training throughout their induction and on an ongoing basis. At the time of the inspection an audit was being carried out on staff training. A number of care workers had been identified as requiring updates on a number of training modules. This we saw was being addressed by the manager and training dates in the process of being organised. The manager would provide us with an update once confirmed.

We found the service placed great emphasis on providing development opportunities to staff. This was because a number of staff were being further developed through mentoring and additional training and development opportunities. The manager told us about a number of care workers that had developed into more senior roles. We spoke to two care workers that referred positively to the develop opportunities that had been provided. Their comments included *“they believe in me, I love coming to work”* and *“best management team I have worked with”*. Therefore, people benefit from a skill mix which is reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

We recommend the following:

- Personal plans: To evidence the involvement of people and/ or their relatives in the personal plan development and review process.
- Staff: To undertake an audit of all staff personal files to ensure consistency and regulatory requirements are fulfilled.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on the 22 November 2018 between 09:00 a.m. and 4:30 p.m. A follow-up visit was also made on the 23 November 2018 09:00 a.m. and 2.00pm

The following methods were used:

- We viewed the home's indoor and outdoor areas;
- We spoke with a wide range of people living in the home and observed their interactions with staff;
- We spoke to four relatives visiting the home;
- We spoke to eight staff. This included care workers, senior care workers, nurses catering staff, deputy manager and the manager;
- We viewed six people's care records (including care/ support plans, risk assessment documents and medication administration charts);
- We viewed the records of six members of staff, including records related to recruitment, training and formal supervision;
- We looked at a wide range of other documents, such as the home's statement of purpose and a sample of policies and procedures, quality monitoring procedures and incident and maintenance records.

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
Registered Manager(s)	Sharon Williams
Registered maximum number of places	91
Date of previous Care Inspectorate Wales inspection	30/01/2018
Dates of this Inspection visit(s)	22/11/2018
Operating Language of the service	Both
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:	