



Inspection Report on

Swn-y-Mor Care Centre

**Swn-y-mor Care Centre
Scarlet Avenue
Port Talbot
SA12 7PH**

Date Inspection Completed

17/05/2023

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About Swn-y-Mor Care Centre

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Speed 9395 Limited
Registered places	91
Language of the service	Both
Previous Care Inspectorate Wales inspection	Click or tap here to enter text.
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Swn y Mor Care Centre is situated in a purpose built establishment in a residential area of Sandfields, Port Talbot. People and their relatives are happy with the care and support provided at Swn y Mor Care Centre. They live in a homely environment that is warm, clean and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs. People have detailed personal plans in place and these are written with clear goals and timescales. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and mix of skills skill mix to adequately provide support to people. Care workers receive appropriate development and support. However, staff training needs updating. Staff supervision and appraisal meet regulatory requirements. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities at home and in the community.

The service provider has developed systems to enable them to capture people's views and has systems to develop person centred information. The management team have put checks and processes in place to keep service delivery under constant review. Improvement is needed with monitoring of skin integrity.

Well-being

People tell us they are happy living at Swn y Mor Care Centre. Comments include *“it’s great living here, we have a lovely time”* and *“it’s like home from home.”* We saw care staff are kind and engaging with people, taking time to talk, creating a sense of fun. Visitors to the home spoke positively about the service and the staff.

There is good information available for staff to understand how to best meet people’s care and support needs. People told us they get on well with staff and commented, *“The staff know what I want.”* Relatives commented *“The service is really good,”* *“Amazing care, the staff are fantastic”* and *“I’m quite impressed.”* Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly speak with people who live at the home and their families about what is important and how to best support them. This is supported in records seen by us.

People are protected from abuse and harm. Swn y Mor Care Centre has a robust safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People mostly get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Swn y Mor Care Centre. However, improvement is needed to ensure monitoring of skin integrity is completed.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. Throughout our visit we observed activities taking place facilitated by an activity’s coordinator supported by care workers. People told us they enjoy taking part in a variety of activities such as Crafts, Bingo, shopping trips, attending a local food and drink festival and the coronation of the King. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people’s records and photographic evidence was seen around the home.

People live in suitable accommodation, which overall, supports and encourages their well-being. People’s bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required. The environment is clutter free and hazards are reduced as far as practically possible.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. Staffing levels and training need to be reviewed and the results implemented.

Care and Support

Improvement is needed with the care and support people need. We examined a sample of care files, which contained initial assessments and personal plans which are regularly reviewed. There is a care planning system in place providing personal plans for all aspects of the individuals' physical, mental, and emotional wellbeing. Person centred information is in place but would benefit from strengthening. Referrals for advice and professional help regarding health services are sought as needed. However, we discussed with the manager that there is a need to ensure monitoring of skin integrity is in place and documentation is completed consistently with accurate information available to staff. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. At the time of our visit, we observed two large groups going out for a three course meal at a local restaurant. Activities include arts and crafts, painting sessions and exercise group. People told us they enjoy taking part in a variety of activities. Records show people have access to local community facilities and entertainers.

Mealtimes are a positive experience and, where required, individuals are supported sensitively to eat and drink. Healthy choices of food and drinks are available and are promoted. The mealtime observed by us helped enhance social interaction, build a sense of community and increase nutritional intake. However, the experience would be enhanced if the menu were displayed for people to see and make a choice. The dining tables were laid and the mealtime was seen as an enjoyable social experience.

The service has mostly safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are accurate. We saw medication was kept in a secure locked cabinet in a medication room. However, at the time of our visit we saw that one medication room was unlocked. We also observed that medication room temperature was above the recommended level. We discussed this matter with the manager who immediately arranged for an engineer to attend with regards to fitting air conditioners to these rooms. She also arranged for keypad locks to be fitted to ensure the security of these rooms.

Environment

The home is purpose built and provides single ensuite rooms with several communal areas for people to access. Corridors allow for people to move about safely with seated areas to sit and talk with each other. Communal areas are large and allow access for people who require specialist chairs or moving and handling equipment. Staff support people to access the garden on the ground floor when the weather permits. The home is situated on a local promenade which is easily accessible to people.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is managed by the maintenance staff under the guidance of the RI. The sample of the bedrooms viewed had facilities and equipment that is suitable for the individuals.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place with regular audits of the environment taking place. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible.

Appropriate laundry systems are in place and all laundry equipment is in working order. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). The home is clean and tidy.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and mostly updated. We discussed with the manager the need to ensure all policies are reviewed and updated regularly.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. We viewed the latest quality monitoring report, which included people's feedback from consultation and recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service and the service manager conducts a quality assurance system to ensure quality care is delivered. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as *"Continued rental of Minibus for maintaining independence and links in the community; Increased activities budget to promote fulfilled lives; nurse call system upgrading."*

There are enough staff on duty to safely support and care for people. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection. People living at the home told us *"The staff are there when I need them"* but relatives commented *"there are not enough staff around when I visit"* and another told us *"They need more staff."* This was supported by comments from visiting professionals who said, *"I think the staff numbers need to be increased"* and *"Staff levels need to be improved, there are occasions when staff sickness absences are not covered."* We discussed this with the manager who agreed to review this matter. Improvement has been made with staff recruitment, pre-employment checks are completed prior to employment commencing such a Disclosure and Barring Service (DBS) checks. However, staff work history and references needs to be reviewed and strengthened.

Supporting and developing staff with supervision and appraisal is sufficient and has improved. Staff training needs to be review and updated. In particular, Fire Practical, Fire Warden and Moving and Handling. The manager informed us that training is being updated to ensure all staff have completed the appropriate training required.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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21	Skin Integrity records were not consistently completed. Ensure these checks are completed and records are consistently completed.	New
35	Evidence of DBS checks not consistently retained within staff personnel files. Renewals not processed every three years.	Achieved

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