



## Inspection Report on

**Plas Newydd Care Home**

**Plas Newydd Care Home  
18 New Road Treboeth  
Swansea  
SA5 9DA**

## **Date Inspection Completed**

04/05/2023

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## About Plas Newydd Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Plas Newydd Care Ltd
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Plas Newydd Care Home is situated in a detached house in a residential area of Treboeth, Swansea. People and their relatives are happy with the care and support provided at Plas Newydd Care Home. 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 to adequately provide support to people. Care workers receive appropriate training and support. 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.

## Well-being

People and their relatives are very happy with the care and support provided. 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, "*They're a good bunch.*" A relative commented "*The service is absolutely outstanding*" and "*I can relax knowing my mum is safe and happy.*" 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 and this is supported in records seen by us.

People are protected from abuse and harm. Plas Newydd Care Home 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 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 Plas Newydd Care Home.

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 Nailcare sessions, Exercise with ball sessions, musical concerts and sing-along sessions. 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.

## Care and Support

People are provided with the care and support they 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 and referrals for advice and professional help regarding health services are sought as needed. Monitoring of care activities is in place with information available to staff. However, we discussed with the manager that there is a need to ensure people's care files contained information regarding their communication needs. The manager agreed to address this.

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. 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. A relative commented, "*Mum is kept occupied all the time*" and "*there is usually something going on whenever I visit*". However, we discussed with the manager, the need to ensure the weekly plan of activities is reviewed regularly having consulted with people living at the care home.

Mealtimes are mostly 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 lacked a sense of mealtimes being a good dining experience which can help enhance social interaction, build a sense of community and increase nutritional intake. For example, the menu was not displayed for people to see and make a choice, the dining tables were not laid and the mealtime was not seen as an enjoyable social experience. We discussed this matter with the manager who agreed to address this.

The service has 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 cupboard. We discussed with the manager the need to ensure the cupboard lock was sufficiently robust which the manager agreed to do. A record is kept of the temperature and is monitored to ensure safe storage of medication.

## Environment

The accommodation is homely, comfortable and benefits from sufficient quality decor and furnishings. We observed the environment to be free of clutter throughout the home. We saw people sitting in the lounge on the ground floor, the conservatory and sitting in the comfort of their bedrooms which were personalised to their tastes.

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 at the home under the guidance of the RI. The sample of the bedrooms viewed had facilities and equipment that is suitable for the individuals. However, bedrooms and communal bathrooms lacked suitable signage to help orientate people with a sense of time and place. We discussed this with the manager who agreed to address this as a matter of importance. Staff ensure that individuals are treated with respect and sensitivity.

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). Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

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 area with shelving for linen storage and ironing facilities. 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.

## 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 updated.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. The RI visits the home regularly and meets with people and staff. 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 *"We have contracted a specialist company to renew the flooring in the home, this has partially been completed as well as the bathrooms and new areas of the home have been identified on a rolling program so that there is little disruption for the residents."*

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 *"Yes, I have help when I want it"* and a relative commented *"there are enough staff around when I visit."* Staff recruitment pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision, appraisal and training is sufficient and has improved. 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
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
80	The service provider should ensure the quality of care review report is undertaken at least on a 6 monthly basis.	Achieved
36	The service provider should ensure staff are provided with supervision and appraisal at the required frequency and amount.	Achieved

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