



## Inspection Report on

**Trem Y Mor**

**Trem-y-mor  
Scarlet Avenue  
Port Talbot  
SA12 7PH**

## **Date Inspection Completed**

11 October 2022

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## About Trem Y Mor

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Neath & Port Talbot County Borough Council
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	30 January 2020
Does this service provide the Welsh Language active offer?	Working Towards. The service 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.

### Summary

Trem Y Mor is a purpose built; accessible single storey service situated on the Aberavon seafront in Port Talbot. It usually offers short-term respite breaks for people, with an option of extended care accommodation for a minority of people who need to live at the home on a longer-term basis. The service is operated by Neath Port Talbot County Borough Council. People are happy and comfortable in the service and have up to date personal plans to ensure their needs are met. There is an experienced manager in post, who is registered with Social Care Wales- the workforce regulator. The manager is visible in the service and supports a dedicated and consistent staff team who are valued and suitably trained in their roles. The home consists of four separate living areas, with each one housing four bedrooms and an open plan communal lounge and dining area with kitchen facilities and an enclosed garden area. The service also operates a busy day centre where people enjoy numerous activities and community life. There is good oversight of the service by a committed management team and responsible individual (RI) who visits the service and talks to people using it routinely.

## Well-being

People have a voice and are treated with dignity and respect. People and their families where possible are encouraged to write their own care plans. As the service is primarily a respite service there is good communication with relatives and people before, during and after people's stay at the service. Care files reflect people well and are updated when people's needs change. Feedback from people and their relatives about the service is excellent. With the service described as "*second to none*" and "*we don't know what we would do without it*". The RI obtains feedback from people to drive improvements in the service.

People are protected from harm and neglect. Trem y mor is secure and safe with good procedures in place to ensure the environment is well maintained. Care staff receive safeguarding training and are aware of their roles and responsibilities to report any concerns about people they support. There is a safeguarding policy in place which reflects the Wales Safeguarding procedures. The service follows infection control guidance to minimise risks within the service.

People's physical, mental health and emotional wellbeing is promoted. There are robust medication management procedures in place Staff turnover in the service is low and many care workers in post have been in the service for a long time and know the people they support well and can recognise any deterioration in their health quickly to seek medical assistance.

There is good oversight of the service. There is a dedicated manager overseeing the service who is supported by an equally committed care team who work tirelessly to provide an excellent service to people. The provider has numerous audit systems in place to monitor the service and the RI visit's the service routinely and speaks to people and their families to obtain their views on the service to drive improvements. Regulatory reports are completed at appropriate intervals.

The provider has arranged for key documentation in the service to be bilingual and therefore these are available in Welsh should they be required, there is also bilingual signage throughout the service. Whilst there is no real demand for this at present, the service is eager to promote the use of the Welsh language and should the demand increase in the future then further developments to deliver aspects of the service in Welsh will be considered as well as utilising Welsh speaking care workers were possible.

## Care and Support

People are involved in the planning of their care where possible to ensure they are provided with the quality of care and support they need. We looked at two people's care files and saw that personal plans are written from the persons perspective and were completed where possible by family members on their behalf. One-page profiles and critical care needs documentation is also in place for care staff to see what is important to the person in a more simplified format. We noted that personal plans and supporting care documentation gives a good overview of the person and what matters to them, Various review dates were seen on paperwork in the care files which evidences that they are looked at routinely and updated to reflect the changing needs of people as and when they arise. Relatives spoken with confirmed their involvement in the care planning process, one said "*they ring me to discuss and we have meetings also if we feel necessary.*" People are complimentary of the care and support they receive, comments included "*it's good, the staff here are good, I like it*".

There are safe systems in place for the management of medicines in the service and to maintain people's health. People are allocated a known keyworker that knows them well and can recognise any signs of ill health to act appropriately and in a timely way. There is a suitably locked and air-conditioned medication room where medication is stored securely. Medication is stored in separate trolleys, one for each pod, with individuals' medications stored together in suitable containers. Medication Administration Record (MAR) are completed accurately with counter signatures in place where required. There are good procedures in place to manage medication stock levels and routine audits take place. We saw detailed risk assessment and monitoring of people's nutritional intake in place to support people's dietary needs.

The provider has mechanisms in place to safeguard people supported in the service. Many care staff have been in the service for a long time and know people well enough to recognise any changes in their health or well-being. Care workers spoken with are aware of the procedures to follow if they have any concerns about people they support, and safeguarding training is up to date with most care staff. The provider has a safeguarding policy in place which reflects up to date legislation and the All Wales Safeguarding procedures. We saw that Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care, and support.

## Environment

People live in an environment that is well maintained to promote achievement of their personal outcomes. Trem y Mor has a picturesque outlook to the rear of the building overlooking the beach and Swansea Bay and is surrounded by its own grounds and parking facilities. There is also a large, enclosed garden to the front of the building with a purpose-built swing and plenty of space for seating and enjoying the outdoors. The building itself has been purpose built to accommodate all and is fully accessible throughout. The living areas have been designed into four pods. Each pod contains an open plan living area with comfortable seating, dining area and kitchen facilities and leads out to a secure enclosed garden area. There are four bedrooms in each pod and all bedrooms have en-suite facilities. The service also benefits from a sensory room and computer suite. The Day centre facilities are at the rear of the building and are very spacious with different areas for different activities, including a dining area and games room, there is a large kitchen where main meals are prepared, and the current food hygiene rating is 5 (very good). All areas are well maintained and clean and efforts have been made to ensure the service is homely and comfortable.

The service provider has procedures in place to identify and mitigate risks to health and safety. On the day of inspection, we were informed that some maintenance requirements were delayed due to staffing, however, a new maintenance person has been appointed and is working through the list of jobs to catch up. We looked at the maintenance file and saw that routine fire checks, and maintenance checks were generally carried out routinely with only a few gaps in place due to the staffing issue. This did not impact people using the service. Annual servicing of utilities in the service is up to date and we saw certificates in place for gas, electricity, and fire safety. There are personal emergency evacuation plans (PEEPS) in place in personal files so people residing in the service can obtain the required support if there is an evacuation of the building.

The service uses hygienic practices to minimise the risk of cross infection. We saw the providers infection control policy and saw that it had been updated to include the up to date Covid -19 guidance, we were told that care workers wear appropriate Personal Protective Equipment (PPE) whilst carrying out personal care support with people. Hand sanitiser is available on entry to the property and around the service and visitors are required to show negative lateral flow test results prior to entering the premises along with signing in the visitor's book. We saw that the service is clean and domestic staff are visible.

## Leadership and Management

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. The responsible individual visits the service routinely and completes a report after each visit. These reports reflect feedback from people, relatives and care staff and assist in the process of driving improvements in the service. We saw that in addition to these visit reports, bi-annual quality of care reports are also completed which evidence what the service are doing well and areas in need of improvement and action points of when and how these actions should be completed.

The service provider has systems in place to support the smooth operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. We saw the services statement of purpose (SOP) accurately reflects the service. We looked at policies and procedures in place and we saw these are reviewed to reflect current guidance and legislation where applicable. The manager has good oversight of the service. The provider has its own internal auditing team who routinely visit the service and ensure that all paperwork and checks are completed in care and personal files and general administration in the service. This ensures consistency of documentation in the service.

Trem Y Mor has a dedicated and consistent staff team who are skilled and trained to support people appropriately to meet their needs. We looked at five personnel files and saw that most documentation required for safe recruitment is in place prior to employment. We noted that there were references missing in three of the files however as the service uses the local authority recruitment department these documents were stored in the HR files and not on site and were forwarded to the inspector following the visit. Up to date Disclosure and Barring Service (DBS) checks are in place. We saw the training matrix and noted that care staff attended regular training and a planned three-day training session was booked imminently to ensure mandatory training was up to date. There are good systems in place to ensure that care staff receive routine supervisions and annual appraisals. Staff turnover in the service is low and many have been in post for a long time.

The provider has good oversight of financial arrangements and investment in the service. Staffing levels on the day of the inspection were appropriate and care workers were visible throughout the visit. The manager confirmed that staffing levels changed from day-to-day depending on the needs of people in the service at the time. There are good facilities in the service and good procedures in place to maintain these. We saw people participating in community activities and utilising the services transport vehicle.

### 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
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