



## Inspection Report on

**Anwen Care Home**

**Anwen Care Home  
Heol Pant-yr-awel  
Pantyrwel  
Bridgend  
CF32 7LA**

## Date Inspection Completed

23/01/2024

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## About Anwen Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Anwen Care Ltd
Registered places	60
Language of the service	English
Previous Care Inspectorate Wales inspection	29.08.2023
Does this service promote Welsh language and culture?	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

Anwen Care Home is a nursing home that supports people who require nursing and/or personal care. People appear happy and comfortable in the service where they are cared for and supported by a team of caring and compassionate staff. There has been a high turnover of care staff in recent months. The provider has worked hard to improve the culture and morale within the home. As a result, new care staff have been recruited and the provider is currently supporting them via an induction process, so they gain the knowledge and experience required to support people. There are procedures in place to ensure care is delivered to meet the needs of people and these are reviewed routinely. Some improvements are needed to ensure all aspects of care delivery are in line with identified needs. There is a structured management team within the wider service, they are supportive of and are visible in the service daily. The responsible individual (RI) has good oversight of the service and is determined to improve the quality of the service to enhance people's well-being and overall experience of life in Anwen care Home.

## Well-being

Care documentation within the service is informative and up to date. Personal plans are person centred, detailed and clear to follow. People remain as healthy as they can be due to timely referrals to healthcare professionals and mostly effective medication administration practices. Improvements are required to ensure all recordings are correct and reflective of care provided. Individual dietary needs are met and meals are healthy and nutritious. Equipment, such as a call bell system, is available and this enables people to get the care they need at the right time.

People are protected from harm and neglect. Staff have received training in safeguarding vulnerable people and there is a safeguarding policy in place to guide staff. People are supported to maintain and improve their health and well-being through access to specialist care and advice when they need it. Referrals are made to professionals in a timely way and there is evidence of healthcare professionals visiting residents. There are good safeguarding measures in place. Staff have relevant training to recognise signs of neglect, abuse and poor mental or physical health. Nearly all are fully aware of their safeguarding responsibilities and know what action to take if any concerns are identified. The service maintains a good working relationship with the local safeguarding team.

People have support and opportunity to have control over their lives. Personal plans are completed and reviewed regularly. However, improvements are needed to ensure all documentation is complete and detailed for everyone. A statement of purpose and written guide are available and outline the assessment and admission process, the nature of the service provided, and how to raise a complaint.

Confidentiality is maintained throughout the home. People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. Care records are stored safely and are only available to authorised care workers.

People live in suitable accommodation, which supports and encourages their well-being. The home is clutter free, care staff and management reduce hazards as far as practically possible. People's rooms contain personalised items of their choice and are suitably furnished. Bedrooms include facilities, which encourage independence and provide a private space for people to use if they wish. Relevant health and safety checks are completed.

## Care and Support

Improvements are required to ensure people receive care and support that meets their individual needs. There is an electronic care planning system in place providing support plans for all aspects of the individuals' physical, mental and emotional well-being. Personal plans and risk assessments are mostly clear and provide staff with information to support and care for people in line with their identified needs. We found a risk assessment that requires a daily review had not been completed. Also, not all food and fluid charts are completed accurately. Regular reviews take place, but they must ensure that people or their advocates are involved in the review of the plans. We advised the RI these are areas for improvement, and we expect them to take action in a timely manner.

The service offers a balanced diet and varied menu. A variety of options are on the menu, with people offered alternatives if needed. People have drinks to help keep them hydrated through the day and are supported at mealtimes when required. Dietary needs and preferences are understood and available to kitchen staff, who told us about some people's specific needs. This information corresponded with information in people's personal plans. The pureed meal option was presented in a way that the meal was clearly identifiable and looked very appetising. The kitchen maintains its 5 (very good rating) awarded by the Food Standard Agency.

The service has systems in place for the management of medication. Medication is stored appropriately and staff mostly on a daily basis carry out the relevant temperature checks. We found no gaps in the medication administration records (MAR). Controlled medication is also appropriately stored and recorded. We did however identify one occasion where medication had been left potted, this was addressed immediately.

The infection control measures used by the service help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE, which is used correctly. Improvements are needed to ensure appropriate storage. There is an infection control policy in place which staff are aware of and understand their responsibilities around this. Domestic staff complete daily cleaning schedules. Laundry routines help reduce the risk of infection; however, care staff must ensure red bags are used consistently for soiled items.

Staff can identify when people may be at risk of harm or abuse, and appropriate safeguarding procedures are in place. We saw risks to people's health and safety are included in care plans and risk assessments. Safeguarding training is largely up to date and safeguarding and whistleblowing policies are available. Staff members we spoke to are aware of the requirements when reporting a potential safeguarding issue.

## Environment

The environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. Window restrictors are fitted in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning and laundry duties are being maintained, with the home appearing clean. There is a maintenance person in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Easily accessible personal emergency evacuation plans are in place to inform staff of the level of support people need in the event of an emergency.

Confidentiality is maintained throughout the home. People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. Care records are stored safely and are only available to authorised staff. Personnel records are securely stored in the administrator's office.

## Leadership and Management

People are supported by a team of care staff who are recruited safely. Staff files show the correct recruitment arrangements are in place and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff generally have up to date training in core areas of care, the provider is aware that compliance figures require improvement in some areas and is working to address this. The staff we spoke with told us they feel well trained and can perform their duties safely and effectively. Staff morale has been low, the manager has worked hard to address the cultural conflict. This resulted in a large turnover of staff. A large number of new nurses and care workers have started work, many are still completing their inductions. The manager continues to provide hands on support to promote the stabilisation of the team. Communication appears to have improved, and staff appreciate the manager's open door policy and visible presence.

There are systems and processes in place to monitor, review and improve the quality of care and support provided. We saw evidence that the RI has good oversight of the service. We looked at documentation, which confirmed formal quarterly visits take place. On a six-monthly basis, the RI produces a quality-of-care report. The service appropriately notifies relevant regulatory bodies and statutory agencies when there are concerns or significant events that might affect the well-being of individuals receiving care.

The provider has a clear vision of the support it wants to provide, and a positive regard to each person in the home. The Statement of Purpose (SoP) provides a clear description of the service and what people can expect. The Manager is involved in the day to day running of the service and is described by staff as supportive and approachable. During the inspection we saw that the manager has an open-door policy for staff and saw them calling to the office throughout the day.

### 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
21	Staff are not providing care and support in a way that promotes peoples safety and wellbeing.	Not Achieved



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