



## Inspection Report on

**Llys Newydd Care Home**

**Llys Newydd Care Home  
Heol Lotwen Capel Hendre  
Ammanford  
SA18 3RP**

## **Date Inspection Completed**

26/07/2022

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## About Llys Newydd Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	HC One Limited
Registered places	35
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. 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

People are cared for in a relaxed and happy environment by care staff that are trained and experienced. People are encouraged to remain as independent as possible whilst risks are reviewed and managed on a regular basis.

People are content living at Llys Newydd. Care staff are respectful, and kind and they work well as a team. People have nutritious and varied meals, which they enjoy. They are supported to see family, within current Covid Pandemic guidance.

The Responsible Individual (RI) is actively involved and has good oversight of the service. The quarterly report would benefit from being more detailed to reflect this involvement.

## Well-being

People living at Llys Newydd are satisfied with the care and support they receive. Relatives whom we spoke with are happy their family members are supported well. Individuals care plans and risk assessments reflect the person's care and support needs, hobbies and life histories. Care staff know people well: they are respectful and professional. The whole staff team wish to provide good care and work well as a team. However, in line with many care services, there is a risk staff shortage is affecting well-being and care delivery. Care workers are aware of the importance of each person's well-being and do their best to support people.

The provider is working towards the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it. Some staff members speak Welsh, others try phrases and we overheard light-hearted conversations in Welsh. The service user guide is up to date and clear and as mentioned in the previous inspection would benefit from being available in Welsh. The Statement of purpose requires updating to reflect the current responsible individual (RI) details.

We observed the lunch time meal, which was clearly a positive experience. The meals looked and smelt appetising and were served hot. People told us they enjoy the food and can always choose or change their mind if they did not like what was being offered. The chef is knowledgeable about people's dietary requirements. The home has a five-star food hygiene rating (the highest rating). Where necessary people receive support from care staff and are not rushed.

Risk assessments are kept up to date to minimise risk whilst also promoting independence. Care staff are aware of the importance of keeping people safe from harm and neglect and of their responsibility to report any concerns through the correct procedures.

## Care and Support

Overall, there is sufficient staffing levels in place to meet the care needs of people living at the service. The staff team are dedicated and are committed to meeting people's needs in a timely manner. However, care staff told us *"We are short staffed which makes it difficult to give 100%. You feel like you are running around all day some days"*. Staff shortages risk affecting people's well-being. Care staff told us they loved working with people at Llys Newydd and although staffing has got better this is still their main concern. Some people living at Llys Newydd are anxious and need staff reassurance to enable them to feel safe. Staff we spoke with told us they would like more time to spend on a one-to-one basis. Interactions we observed between staff and people were friendly, humorous, and respectful. Feedback from family members we spoke with was positive. They felt communication channels were good, *"they always have time for us, even when they are busy"* they also felt that the manager was approachable and responsive to requests. Comments about the carers included, *"what can I say they are brilliant"*, *"they do a fantastic job looking after my loved one, they work so hard"*. The provider is voluntarily reviewing new admissions to the home on a weekly basis to ensure people's care needs continue to be met.

The service promotes hygienic practices to reduce the risk of infection. On arrival, we were requested to show a valid Lateral Flow Test and sign in the visitor book. Staff wear appropriate PPE and adhere to the current Public Health Wales (PHW) Guidance. The manager works with the Local Health Board and Local Authority to ensure the service is meeting its obligations around infection, prevention and control measures. The service has made the decision to continue to wear face masks in the service, following the change in Welsh Government policy/guidance. This will be reviewed regularly by management. Policies and procedures are in place to support good practice, care staff are clear on these, and their responsibilities around protecting people from infection.

People are cared for in a relaxed and pleasant atmosphere. We witnessed kind and caring interactions between staff and people. People can be confident care workers have access to information that is up to date and reflective of their care and support needs. Overall care planning, risk assessments and people's personal history documentation are detailed and reviewed in a timely manner. There is some evidence of joint decision-making and people's involvement in reviewing their plans. Daily note records completed by care staff are comprehensive when detailing actions and referrals made. There are appropriate measures in place for the safe storage, administration and recording of medication. Care staff have a good understanding of safe medication procedures. Care staff told us daily handovers were good and useful, as they did not always have time to read the care plans.

As far as possible, the service takes steps to safeguard people from neglect and abuse. Risks to people's health and well-being are clearly recorded. Care workers recognise their personal responsibilities in keeping people safe. Employee training records evidence

safeguarding training is completed. We were not provided the requested safeguarding policy during the inspection, so are unable to say if the actions from the previous inspection have been completed, (The Safeguarding policy requires contact details to be completed and the details of the All Wales safeguarding app given to staff).

## Environment

People receive support in a homely environment. The home is safe, warm and overall, well-maintained. People say they feel comfortable living at Llys Newydd. They live on either the ground floor or first floor of the building. We noted that signs for bathrooms were at eye level and the home was easy to navigate around with appropriately placed handrails. There is a lift for people to access different areas if they choose. Bedrooms are spacious and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, and photos. The installation of an outdoor room has been widely used and appreciated by family and friends during COVID to enable visiting. There is a large outdoor patio and seating area with raised garden beds. Llys Newydd is also home to a dog and rabbit, which we saw to be popular and a source of interest for people. There is ongoing investment to the home's infrastructure with new bathrooms and ensuite facilities. Llys Newydd provides an environment which supports people's well-being.

People are safe from unauthorised visitors entering the building, as visitors have to ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. A maintenance team undertakes legionella checks, fire safety checks and day-to-day issues. Fire exits are free of obstructions and maintenance records evidence weekly fire alarm tests. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002.

## Leadership and Management

The management team is supported by the new appointed RI, an Area Director and other local HC-One managers. Feedback from relatives we spoke with was positive about the leadership team at Llys Newydd and communication from head office during the COVID-19 pandemic. The manager is “*always available*”, “*friendly*” and a “*good communicator*”. We were told how the team had worked hard to enable a visit to a family’s home and explained all necessary steps. We read individual risk assessments as to how restrictions affected people’s well-being and steps to mitigate any issues identified. This demonstrates the provider understands the importance of good communication, particularly when relatives are unable to physically visit.

The provider has found recruitment difficult in various roles within the home. The support of agency staff has helped during this time, and there has been progress in the employment of new staff subject to the necessary safety checks. This has the potential to impact upon people’s well-being when short staffed. The provider has a contract with a cleaning company who for the foreseeable future will be carrying out the cleaning of the home. There is an ongoing recruitment campaign with new staff scheduled to commence employment. A high number of staff are up to date with basic life support and safe manual handling training, and any outstanding are booked to be renewed.

Pre-employment checks take place before new employees start work - these include reference checks, photo identification and Disclosure and Barring Service (DBS) checks. Team meetings are held, and staff are given the opportunity to raise points. However, not all staff we spoke with felt issues they raised would be dealt with or that they would be listened to by the management team. Staff told us “*I don’t feel supported by the manager, but the deputy is ok*” and “*they don’t listen so don’t bother saying anything*”. We also had staff tell us “*I love my job, the managers are great I can go to them whenever I need to*”, “*Its great here yes we have hard days sometimes, but everyone does. I am happy with the support I get*” and “*I enjoy my job and work as a team to support each other*”. Staff are aware of the whistleblowing procedure and would be confident to go to external agencies such as the safeguarding team if they thought they needed to. Staff morale has been impacted by the workload and they do not always feel valued or supported. These issues were discussed with the provider and area director who acknowledged the situation and detailed steps to address.



### 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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