



# Inspection Report on

**Plas Cwm Carw Care Home**

**PLAS CWM CARW CARE HOME  
OAKWOOD LANE  
PORT TALBOT  
SA13 1DF**

## **Date Inspection Completed**

10 June 2021 & 11 June 2021

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## About Plas Cwm Carw Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HC One Limited
Registered places	66
Language of the service	English
Previous Care Inspectorate Wales inspection	12 March 2021
Does this service provide the Welsh Language active offer?	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

The service has made significant improvements since the last inspection in March 2021. A new management team has made changes that have boosted staff morale and improved standards of care. These include a review and update of care documentation so that personal plans and monitoring charts are clear, person-centred and accurate. We found that people are being supported in line with their personal plans, which promotes their health, safety and well-being.

Staffing levels have increased, allowing care workers to provide appropriate, responsive care without compromising the safety and well-being of others. Care workers have contributed to decisions about care delivery and are proud of the progress that has been made. People have positive interactions with care workers, who support them to maintain their independence and make everyday choices.

The home is clean, well-maintained and homely. People are able to move around safely and have access to the specialist equipment they need. Environmental standards are monitored during quality assurance processes. There are plans to reorganise the space within the dining room on the nursing dementia community, so that people have an additional seating area to choose from.

## Well-being

People have influence over how they are cared for. Care workers offer people daily choices, such as where they would like to spend their time and what they would like to eat and drink. Resident profiles have been completed and these provide an overview of what is most important to people. People's preferred routines and interests are identified within personal plans. Where possible, care workers accommodate people's particular requests. Records show that staff are respectful of people's decisions regarding their care routines and daily activity. We saw care workers supporting people to do things they enjoy.

People receive support that improves their physical and mental well-being. We found that care workers know how best to support people when they appear anxious or agitated. Care workers engage with people well, which visibly lifts their mood. Care workers talk through moving and handling procedures to put people at ease. The service monitors people's health and involves medical or specialist services if needed. Records show that people receive their prescribed medication to help maintain their health and well-being. A good standard of hygiene and infection control is being maintained to reduce COVID-19 risks. The quality of people's care and support is being closely monitored by managers.

People are able to socialise and maintain important relationships. People enjoy various group activities, such as coffee mornings, exercise classes, watching films and celebrating people's birthdays. Records show that staff keep relatives informed about changes to their loved one's health and welfare. Managers are committed to improving communication with relatives so that they also receive more general updates about people's well-being. The service supports people to receive visits from relatives in line with current guidelines.

The service protects people from abuse and neglect. Risk assessments and personal plans identify where people need specialist equipment to help keep them safe, and we saw this being used. There are good staffing levels to ensure people receive timely care. Records show that care workers carry out regular safety checks, in line with people's personal plans. Incidents are clearly documented and reviewed as part of the home's auditing process. Staff are recruited appropriately and receive an induction and training that supports them in their roles. Records show that care workers complete refresher training in relation to safeguarding.

The accommodation is suitable for meeting people's individual needs. We saw people moving around the home safely. Communal and private rooms are well decorated and furnished according to residents' needs and wishes. People have access to the specialist equipment they need, which is regularly checked and serviced. There are suitable arrangements in place to make sure the home is well-maintained. We saw general repairs being carried out promptly.

## Care and Support

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People receive good quality care that promotes their health and well-being. Resident profiles provide a snapshot of what really matters to people and what staff need to know in order to support them. The service uses information gathered during assessments to complete personal plans that outline how people should be cared for. Deprivation of Liberty Safeguards (DoLS) authorisations are in place to make sure people are not being restricted unlawfully. Personal plans and risk assessments are regularly reviewed and updated when there are changes in people's needs. One of the company's quality directors has delivered coaching sessions to help improve the quality of these documents. Monitoring charts show that care workers support people in line with their personal plans. We noted some inconsistency with regards to the completion of food and fluid charts, which will need to be monitored. A review is underway to make sure monitoring charts are being used in a person-centred way. The service makes the necessary referrals to medical and specialist services so that people receive the best possible care. We saw that equipment is in place, where needed, to help keep people safe.

Care workers support people with dignity and respect; they are attentive to people's individual needs and provide gentle prompts so that people are able to do as much for themselves as possible. We saw care workers encouraging people to eat snacks between meals and to drink often. One person told us, "*I had a lovely dinner*". We saw people receiving doll therapy, which captured their attention and provided comfort. The home follows a varied programme of activities each week, including pub lunches in the home's bar room. Well-being coordinators spend one-to-one time with people reminiscing, reading poetry and going through sound books. We were told that staff and residents had been emotional as they enjoyed a very successful Hawaiian-themed garden party with colourful decorations and live entertainment. Relatives feel their loved ones are well cared for, although they would like more opportunities to receive updates about their general well-being. Managers told us this would be actively offered and they would also look to restart regular meetings for residents.

People's medicines are managed safely. Records show that people receive the right medication at the right time. We saw that people's medication needs are outlined within their personal plans. The service has introduced an electronic medication system that automatically tracks stock levels as medicines are received, administered or disposed of. Alerts highlight when medicines are overdue and when there needs to be specific time intervals between doses. Staff confirmed they received training on the electronic system before it went live and are able to access support from the linked pharmacy. The manager can monitor the administration of medicines at any given time and does so daily, in addition to monthly audits. The service has an up-to-date medication policy to support safe practice. We saw that medicines are stored at appropriate temperatures in a clean, clutter-free environment. A cleaning schedule ensures medication trolleys are regularly cleaned.

## Environment

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People live in comfortable, homely accommodation. The home is well furnished and thoughtfully decorated. The layout and furnishings within people's rooms support their routines and reflect their individuality. We saw colour contrasts to bathroom furniture and doors to help people living with dementia identify with their surroundings. The home has inviting communal rooms where we saw people relaxing and socialising with others. A care worker told us some people on the first floor residential community have developed new routines as they enjoy spending their evenings in the new 'quiet lounge'. We noted that people living on the first floor nursing community do not have as easy access to outdoor areas or smaller communal rooms that might provide therapeutic opportunities. The manager told us of plans to reorganise the space within the large dining room on this unit, which will create additional communal space where people can relax.

There are various measures in place to help protect people from environmental hazards. For example, we saw that window openings above ground floor level are restricted. Keypads are also fitted to some doors to prevent people accessing hazardous areas without support. CCTV (closed-circuit television) is used for security purposes in the home's reception area and at exit points on the ground floor. There is a CCTV policy in place, which outlines the principles for its use. Unauthorised persons are only able to enter the home if admitted by a staff member. A record is kept of visitors as they enter and leave the building. Records show that equipment is routinely serviced to make sure it is in good working order. Fire safety equipment has also been serviced within the last year. Inspection certificates confirm that gas and electrical installations are safe. We saw the maintenance officer carrying out repairs to a faulty call bell promptly.

The service promotes a good standard of hygiene and infection control. We saw that personal protective equipment (PPE) is available and used by staff and visitors to reduce COVID-19 risks. Over 90% of staff and residents have received their COVID-19 vaccines. Visitors are required to carry out a lateral flow test, check their temperature and sanitise their hands and any items they may be carrying before entering the main building. The home is following guidelines with regards to supporting people to meet with visitors. A designated visiting pod is available, where we saw meetings taking place. We found communal and private areas to be clean and tidy. We saw domestic staff cleaning spills promptly and carrying out a deep clean of one communal lounge. There is an appropriate flow system within the laundry room to make sure soiled and clean items are handled separately. The home's infection control policy was last reviewed in March 2021 and outlines the training requirements for staff, including its infection control leads and champions. Records confirm that over 95% of staff have completed training in relation to infection control and PPE.

## Leadership and Management

The service benefits from an enthusiastic and committed team of managers. Since the last inspection, a new manager and deputy have been appointed. Staff described managers as “*very approachable*” and recognised the improvements they have made. One staff member said, “*The new manager is really nice... She’s really good, fair play*”. A home improvement plan is in place, which assists managers to make positive changes following internal and external inspections. Ongoing support is provided by an area director, who has observed staff taking on board changes and building good relationships with the management team. The record from a staff meeting in May 2021 confirms: ‘*Staff made comments that it was a joy to come to work now and it was a much nicer place to be.*’ Further plans to improve the service have been identified during a quality of care review carried out in April 2021. These include promoting an ‘Active Offer’ of the Welsh language and progressing the home’s falls management strategy. Records confirm that the responsible individual oversees the home’s performance.

People experience responsive care from an attentive team of staff. Staffing levels within the service have increased since the last inspection. There are clear arrangements in place for allocating staff to work in each of the home’s four units. We found care workers to be relaxed in their approach to care; they assist people with care and consideration, accommodate their requests and spend time chatting with them. Care workers told us, “*Things have improved. Makes it a lot easier to support the residents.*” The service completes a clinical risk register to help determine safe staffing numbers based on residents’ level of dependency. We saw that this register is being kept up-to-date. Rotas and staff deployment sheets show that consistent staffing levels are being maintained on each unit. Two nurses have been recruited and are expected to join the team, as senior care workers initially, in June and August 2021. New care workers told us they had received a warm welcome and good induction to the home - “*They are all for the residents here*”.

Staff receive appropriate training and support. Records show that staff complete a range of mandatory and specialist training relevant to people’s needs. Management told us staff have been involved in making changes, which has improved morale. We found care workers to be motivated as they talked with pride about their work. One staff member said, “*We’re like a family here*”. Although staff have not received formal, individual supervision every three months, the manager has a plan in place to make sure this is provided. We will follow this up at the next inspection. Records show that Disclosure and Barring Service (DBS) checks are carried out before new staff are employed. Other recruitment checks are also carried out, although the service must ensure that it fully explores staff’s employment history and retains copies of their birth certificates and passports, if available. Overall, we consider the service to be meeting the aims and objectives set out in its statement of purpose: ‘*We strive to provide the highest standard of kind and individualised care and support, within a warm, friendly and supportive environment, where residents experience an inclusive and dignified quality of life.*’







**Areas for improvement and action at, or since, the previous inspection. Achieved**

Satisfactory standards of hygiene are not being maintained.	Regulation 56(1)(a)
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Environmental hazards to people's safety are not being identified and reduced as far as possible.	Regulation 44(4)(g)
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The service is not providing care and support in a way which protects, promotes and maintains the safety and well-being of residents. Care and support is not always provided in accordance with people's personal plans, and these are not being reviewed as and when required, or at least every three months.	Regulation 21(1) Regulation 21(2) Regulation 16(1)
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There is not always a sufficient number and skill mix of staff to meet people's care and support needs.	Regulation 34(1) Regulation 34(1)(b)
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**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None	
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**Areas where priority action is required**

None	
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**Areas where improvement is required**

None	
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**Date Published**

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