



# Inspection Report on

**Llys Fechan Care Home**

**Cartref Llys Fechan  
48 Carmarthen Road  
Cross Hands  
Llanelli  
SA14 6SU**

**Date Inspection Completed**

03/04/2024

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## About Llys Fechan Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Neuadd fach Limited
Registered places	18
Language of the service	English
Previous Care Inspectorate Wales inspection	26/01/2023
Does this service promote Welsh language and culture?	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 receive the care and support they require by knowledgeable care workers. People's individual needs and choices are understood and respected. Care records provide a good sense of the individual and involve the person and/or their representative in their development and review. People, relatives and visiting health professionals praise the care workers and the management of the service.

People living in the service, their relatives, staff and visiting professionals respect and value the manager. They are well supported by the Responsible Individual (RI) and a deputy manager. The RI visits the service regularly and uses these and a range of quality audit tools to ensure they have a good overview of the service.

People live in a homely, welcoming and clean environment. Internal décor and furnishings are well maintained but communal bathrooms and toilets can be made more welcoming and better support people who have difficulties with their sight.

## Well-being

People have their choices and views recognised. People personalise their bedrooms, choose their meal preferences and get up and retire when it suits them. The individual and /or their representative are involved in the planning and review of their care. Their views are actively sought by the manager during group and individual resident meetings. During their Regulation 73 visits, the RI consults with people through questionnaires and are used to inform the six-monthly Quality of Care reports. People converse and receive information in Welsh if this is their preferred language.

People are safe from the risk of harm and abuse. Care workers are knowledgeable, well trained and care about the individuals living in the service. They also have a good understanding of people's needs and how best to meet these. People's requirements and preferences are detailed in care records. The service has a commendable relationship with health and social care professionals to make sure people remain as healthy as possible.

People can raise concerns about the service should they have the need to do so. There are good recruitment, supervision and training procedures in place to ensure staff have the right skills, knowledge and approach to care. Staff are clear on their responsibilities to protect people and are supported by regularly reviewed and updated policies.

In the main people are supported to achieve their well-being by the environment and there is an ongoing refurbishment plan in place. However, bathrooms and toilets can be improved to offer people a more welcoming bathing experience and support people who have difficulties with their sight.

## Care and Support

People receive the care and support they require. Care staff understand the needs of the people living in the service. They are knowledgeable about people's personal histories and their specific care needs and daily preferences. People told us how happy they are living in Llys Fechan including, *"it's lovely here"*. *"they [care workers] are very kind and caring"* and *"they [care workers] are special"*. The care records provide a good sense of the individual, their daily routines and specific care and support needs. Accompanying risk assessments are regularly reviewed. There is good evidence of the person and/or their representatives being involved in their care planning and reviews.

Relatives speak highly of the care and support their loved on receives. They told us, *"this is an excellent home; I give the carers 10 out of 10. I know I can always speak to [manager] if I have any concerns. This is such a homely place; I wouldn't want my mother anywhere else"* and *"It's a lovely home, mam is so well looked after, she is happy here. If she is happy so, am I"*.

Health and medical professionals are involved in the care and support of people when required and this is well documented in care records. Visiting health and medical professionals told us *"I am very happy with this home; the care is very good. I have a good working relationship with [manager]. They [care workers] follow nursing directions well and always contact the surgery if they have any queries"* and *"the manager and staff are excellent. [Manager] is very knowledgeable and passionate about the residents. The care staff are very good to the residents, very caring. It is a homely home which I think is very important for the residents"*. The service has a valuable relationship with a local GP practice. As a consequence, a GP visits the service twice a week to conduct surgeries.

People get up and retire when they choose and there is a range of meal options available which can be eaten in the communal dining room or in people's rooms. Care staff interact kindly with people. A number of staff speak to people in Welsh as this is their preferred language.

People told us they feel safe living in Llys Fechan and are able to raise concerns if they need to. They told us *"I know I can speak to any of the carers or [manager] if I am concerned about anything"* and *"I would speak to a carer if I had any problems"*. People have access to the service's complaints procedure.

## Environment

The risks to people's health and safety are minimised. All visitors are required to sign in and out of the service. There are a range of maintenance checks and audits undertaken. Testing and servicing of firefighting, moving and handling equipment are completed within the required timescales. Personal Emergency Evacuation Plans (PEEPS) are individualised and readily available.

Communal areas and emergency exits are uncluttered and free from hazards. Control of substances harmful to health (COSHH) are stored safely. Emergency alarms are accessible for people to use and are responded to in a timely manner. The service is clean with no malodours.

People are supported to achieve their personal outcomes, though some improvements can be made. Bedrooms are individually decorated and furnished according to people's preferences and choices. New carpets have been laid and redecoration of some bedrooms has been completed. There are some bilingual signs within the communal areas. Bathrooms and toilets can be made more welcoming for people to use. Consideration could also be given to better support people who have difficulties with their sight in using the communal toilets. One toilet needs redecoration and boxing around pipes repaired. There are plans to improve the lighting in the communal corridors. The RI told us there is an ongoing programme of refurbishment and redecoration in progress.

The communal living rooms offer people the choice of where to socialise with their friends and visitors and are furnished to promote the 'homely' feel of the service. One person told us *"this is a lovely lounge; it does feel cosy and homely"*.

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## Leadership and Management

People are cared for by knowledgeable, well trained and a supported staff team. Care workers have a good understanding of the people living in the service and are able to provide details about the individuals in their care and their particular care needs. Care workers told us they attend a variety of training courses, and this is corroborated by reading the staff training matrix.

The care staff we spoke with also demonstrate a good understanding about their responsibility to protect the people living in the service and to report any concerns. People are moved and handled safely, and their individual needs considered. Care workers receive regular documented supervision and an annual appraisal. The staff we spoke to confirmed this. Supervision and appraisal records verify what we were told.

The manager is well supported by the RI who in turn leads and supports the staff team of Llys Fechan. Care workers speak highly about the manager, deputy manager and working in the service. They told us, *“we are a great team, supported by the manager and deputy”* and *“the manager and deputy are very approachable. It feels very homely here and I think this is down to the manager and how she is, she’s great!”*

People can be assured there are thorough governance arrangements in place. The RI regularly visits the service and has undertaken Regulation 73 visits to the service. CIW have received copies of the reports, which demonstrates they speak to people and staff as part of the visits to the service. Staff and people confirmed this with us. There are a range of monitoring tools and audits undertaken. Actions from the audits are acted upon and reviewed regularly. There are appropriate recruitment and selection processes in place. Safe recruitment checks are undertaken and documented before staff commence employment.

There are policies and procedures in place which are reviewed regularly. The Statement of Purpose reflects the service being provided and CIW are appropriately notified of incidents.

### 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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