



## Inspection Report on

**Y Plas EMI Care Home**

**Y Plas E M I Nursing Home  
619 Llangyfelach Road  
Treboeth  
Swansea  
SA5 9EN**

## **Date Inspection Completed**

31/01/2023

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## About Y Plas EMI Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Endless Care Ltd
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	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

Y Plas is a welcoming service which provides assistance to adults who require support with nursing needs and/or personal care needs and support to those living with dementia. People are supported with up-to-date personal plans that reflect their needs well. Dedicated care workers are happy in their roles and know the people they support well. Care staff are compassionate and feel confident in their roles, they receive ongoing training and support in their roles through regular supervision and appraisals. The responsible individual has previously identified that improvements are required to increase the frequency of clinical supervision for nursing staff and a programme is in place for completion. There are good procedures in place to maintain the environment in the service which is homely and safe for people. There is a committed management team in place who are visible in the service and respected by the care team. The Responsible individual visits the service regularly and carries out audits of documentation, the environment and obtains feedback from people about their experiences in the service. Regulatory reports are completed at the appropriate time scales.

## Well-being

People have a voice and are treated with dignity and respect. Personal plans are written from information shared by people and their representatives and reflect people's needs well. There are procedures in place to carry out routine reviews with family members to discuss the care provided on a quarterly basis or more frequently when required. Feedback from people and their representatives towards the care and support in the home was very positive overall and comments included: *"I've worked in several care homes, and I must say that this is the best one when it comes to the care delivered. All staff are so lovely with people and it's a very family friendly feel here"* and *"they are great, I have got no complaints"*. The RI seeks feedback from people, their family and staff to give their views on the service to drive improvements.

People are protected from harm and neglect. Care staff complete safeguarding training and those spoken with understand their roles and responsibilities to report any concerns. There is a safeguarding policy in place that reflects the Wales safeguarding procedures. The maintenance person carries out routine environmental checks on the premises to ensure it is safe for people. Routine servicing of equipment and utilities takes place. Good infection control procedures are in place to minimise the risk of spread of infectious diseases in the service and security procedures are in place for visitors.

People's physical, mental health and emotional wellbeing is promoted. There are effective procedures in place for the management of medication in the service. People are supported by a consistent care team who know them well and are able to recognise any changes in their health and well-being and seek support in a timely way. The service has a good rapport with the local GP practice and get people the required support or treatment quickly when required.

The provider has good oversight of the service. There is a well-respected manager in post who was on leave at the time of the inspection. As this was a planned event the RI had arrangements in place for the smooth running of the service in their absence. The RI visits the service routinely and is available if needed by the management teams. The RI conducts numerous audits and carries out dip sampling of care and personnel files during visits to ensure all required documents are in place and maintained as required. Regulatory reports are completed at the appropriate timely intervals, and these include feedback from people, family/ representatives and staff. This feedback is then considered to determine improvements needed in the service.

## Care and Support

People or their representatives are encouraged where possible to be involved in the planning of their care to ensure it meets their needs. Three care files were viewed, and each personal plan was accompanied by a 'learn about me' document which gave a good history of the person and what is important to them. The documentation in the service is currently all on paper, but there are plans in place to make the service paper free and electronic care plans are currently being discussed. Personal plans in place are updated routinely and more frequently to reflect people's changing needs as required. Corresponding risk assessments are in place that are also reviewed routinely. Whilst signatures in agreement of personal plans were not seen, we saw quarterly communication records in personal plans where care plans are discussed with relatives/representatives when possible. Feedback from relatives on asking 'are you informed when changes are needed to the care plan' confirmed this, with: *"Yes they do, absolutely", and "any problems with X and the care plan, they are straight on the phone"*.

People are supported to participate in activities that they enjoy when possible. There is an activities coordinator in place in the service and care workers told us that they do try to involve people in activities as much as possible. We saw photographs of people enjoying music sessions, special events, visits by family and more. The provider is aware that larger group activities do not suit everyone in the service and more meaningful one to one activities are being planned. Further training for care workers is also being planned to explore this further.

People's health and well-being are promoted. There are safe systems in place for the management of medication in the service and to maintain people's health. We saw that medication is stored securely in the service and temperature checks in place which includes fridges for safe storage conditions. Medication Administration Record (MAR) charts seen are completed correctly. There are effective systems in place for ordering medication and disposing of unused medications. We saw records of regular weight checks in place and timely referrals to the dietician when issues are identified. We saw records of appointments with health professionals in care files and good records of follow up to monitor people. Food portions and availability of food is good, and people were observed enjoying their food and having more when they wanted it.

The provider has mechanisms in place to safeguard people in the service. The service has a safeguarding policy in place which reflects the Wales Safeguarding procedures. Care workers spoken with are aware of their responsibilities in reporting concerns and most have received updated training in safeguarding. Deprivation of liberty safeguards (DoLS) are in place for people who do not have capacity to make decisions about their accommodation, care and support. We saw that these are reviewed as required and available with personal plans.

## Environment

The provider ensures that individuals' care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. Y Plas is situated on a hill and outdoor accessible areas are on multiple levels. There is a driveway that has been re-tarmacked since the last inspection that sweeps around to the side of the property giving ample parking for staff and visitors. The service is spread over several floors with lift access. The lower floor is primarily for people requiring assistance with personal care and the upper two floors accommodate people with nursing needs. There are communal lounges and smaller rooms available for people to spend their time. There is an external building in place that was built for visiting during the pandemic, this is now used for staff training. We found all areas of the service clean and homely. People we observed appeared comfortable in communal areas with attentive care staff. Bedrooms are personalised with people's own items.

The service provider has procedures in place to identify and mitigate risks to health and safety. We looked around the home and spoke to the maintenance person who confirmed that major works have taken place in the service since the last inspection including, new flooring in the kitchen, new boiler and more. The maintenance person completes weekly and monthly checks within the service which includes window restrictors, fire alarms and equipment checks. The service is up to date with all mandatory servicing and testing with all relevant certificates in place, these include electricity, gas and fire safety. The service has measures in place to keep people safe, this includes key coded doors for safe exit and entry. Y Plas is an older building, and the layout is unusual, however relatives spoken to told us *"it's an old building but it's very homely and comfortable and the care here is great and that's what matters."*

The service promotes hygienic practices and manages the risk of cross infection. On entry we were asked to show a negative Lateral Flow Test (LFT) to minimise the risk to people, this is in place for all visitors to the service to minimise risk following an outbreak in recent weeks. There is a keypad entry system in the service to prevent unplanned visitors. Care staff always wear appropriate Personal Protective Equipment (PPE). Care workers told us that there were sufficient supplies of these in place. There is an infection control policy in place and the service follow the Covid guidance in-line with the government guidelines.

## Leadership and Management

The provider has effective arrangements in place to oversee the service effectively. There is a well-respected manager in post who is supported by a stand in deputy and two clinical lead nurses. Staff and relatives spoken to were complimentary of the management team at the service. The RI visits the service regularly and speaks with people and staff to obtain their feedback to inform improvements required in the service. Quarterly reports are completed, and these include dip sampling of care and personnel files, an overview of the environment and policies and procedures. Bi-annual quality of care reviews are completed appropriately. These reports give a good picture of how the service is performing and how this impacts the well-being of people and also identifies any areas of improvement required.

The service has a dedicated and committed staff team who feel supported in their roles. We looked at four staff files and all required documentation for robust recruitment and background checks are in place. This includes identification documents including birth certificates and appropriate reference checks. Disclosure and Barring Service (DBS) checks are completed and renewed as required. We saw that most care staff are registered with Social Care Wales (SCW) the workforce regulator and all nursing staff have an up-to-date PIN number, however these were not always available in the personnel file. The RI assured us that this will be addressed imminently. We saw that care workers receive routine quarterly supervision and annual appraisals however we could not evidence clinical supervision for nursing staff consistently over the past year. The RI explained that this had already been noted and all nursing staff were receiving supervision and a matrix has now been implemented to ensure that this is constantly updated. The matrix was forwarded to the inspector following the inspection visit and these have now been scheduled to take place.

People receive care and support from a care team who have the necessary skills to perform their duties. We saw the training matrix and saw that there is an ongoing training programme in place for all staff at the service. We saw that most staff have completed the e-learning modules and face to face training has been prioritised in the service. We saw the training plan and numerous courses have already been booked to take place over the next few months to catch up following the Covid-19 pandemic. Training certificates are available in personnel files, however older certificates can be archived. Care workers spoken with were complimentary of the training they receive and the support they get in their roles, comments included *"we get loads of training I've got a course every week for the next six weeks!"* and *"I really enjoy it here, every day is different, but it doesn't feel like work it's more like home from home!"*.

The service provider has oversight of financial arrangements and investment in the service. Staffing levels on the day of the inspection appeared appropriate and care staff were

attentive to people's needs. We spoke to the maintenance person who told us of major works that have taken place since the last inspection, this includes the installation of a new boiler system and re surfacing the whole driveway of the service.



### 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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