



Inspection Report on

Caefair Ltd Affalon house nursing home

**Caefair Nursing Home
2 Felinfoel Road
Llanelli
SA15 3JG**

Date Inspection Completed

29/01/2024

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About Caeffair Ltd Affalon house nursing home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Caeffair Ltd
Registered places	46
Language of the service	English
Previous Care Inspectorate Wales inspection	7 th March 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

People and their representatives speak positively about the service. Care staff are knowledgeable about the people they support. The manager is well-known to people and their representatives. A person using the service told us, *“[The manager] has time for me and helps me with things. They all do.”*

The environment is comfortable and clean. The provider has a maintenance and renewal plan in place to improve the home. Communal rooms are well used by people to interact with each other, their visitors and staff.

The Responsible Individual (RI) visits the service regularly and is supported by a Chief Executive, who is well known by people who live and work at the service. Information from the RI's statutory visits and audits inform their six-monthly quality of care review.

Areas for improvement have been identified regarding personal plans, medication administration arrangements and the premises. Whilst no immediate actions are needed, we expect the provider to take action to address these areas.

Well-being

People are treated with dignity, respect and are sensitively supported to do the things that matter to them. Interactions between people and the staff team are caring and friendly. There are good routines in the home and people are encouraged to do the things they enjoy and maintain positive links with people who are important to them. A person using the service told us, *"They are nice here. The food is very good."* Activities are planned each month and people are supported in group or one-to-one activities of their choosing to promote good wellbeing, whilst their choice to not engage in an activity is also respected. People can choose to spend their time in their rooms or in the communal areas watching tv or socialising. We were told that the service has also purchased a bus to further support wellbeing with additional community trips.

Overall, people receive care and support, that meets their needs. Some people and their representatives are involved in reviewing the care they receive, when appropriate and possible. A representative of a person using the service told us, *"We discuss at length any concerns or changes."* People's unique circumstances are considered, though not always documented to ensure care is delivered safely in accordance with people's needs. People's medication arrangements do not always ensure medication is administered as safely as possible. The manager involves health and social care professionals to enable people to remain as healthy as possible. A person using the service told us, *"[The manager] always has time for me and helps me with things."*

People cannot always be confident they live in a home which best supports them to achieve good wellbeing. The building is secure, warm, and people can access different areas of the home. Communal areas are comfortable, bright, and spacious. People walk around the home freely and can use the different spaces available to do things they enjoy. People personalise their rooms, with photographs and items of importance to them. In places, the service has considered the decoration of the home to support people living with dementia. A representative of a person using the service told us, *"They are really making an effort. They even offered to decorate [my relative's] room in their favourite colour"*. However, risks to people within the environment are not always identified, with not all steps being consistently considered through risk assessments to ensure people remain as safe as possible.

People are protected because recruitment processes are safe and robust. Care staff receive training with ongoing support and development. Care staff are registered with Social Care Wales (SCW), the social care workforce regulator. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People and their representatives know how to make a complaint if needed.

Care and Support

People and their representatives are happy with the standard of care and support they receive. Personal plans include information of how care and support is to be delivered to meet people's needs and goals. Plans are reviewed in a timely manner. The care delivered is overall in line with the plans. Some people and their representatives are involved in reviewing their care, where possible. However, not all personal plans contained all the necessary information, risk assessments and guidance to care staff on how to mitigate risks to people when delivering care in accordance with their expressed wishes. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Care staff are sensitive to people's unique needs. We observed many positive interactions during the inspection. Staff are encouraged and supported to get to know people well, understand their needs and preferences. We saw many encouraging and friendly interactions between people who live and work at the home. People's representatives are very positive about the care and support. One representative told us, "*They have been brilliant with X. The staff go out of their way with them, making sure that they eat properly, get meds at the right time and if X gets anxious, they sit with them and help them feel calm again.*"

Care staff record the care and support they provide each day. Daily care notes provide detail about the support provided to people living at the service. People's health and overall well-being is promoted. People have access to health care professionals when needed. A representative of a person using the service told us by working closely with other professionals, the service had a positive impact on their relative's wellbeing; "*They seem more content and more relaxed.*"

The service has arrangements in place for medication administration. Care staff are trained to administer medication. However, the service does not have effective arrangements to ensure care staff remain competent in medication administration and clear arrangements for how the effectiveness of 'as required' medication is documented. Assurances have been given that further support, supervision and training for care staff who administer medication will be put in place. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Environment

Affalon House is a large nursing home, where people are located over 2 floors. The home has facilities for dining and socialising on each floor. The environment overall is clean, tidy and odour-free. The home is large enough to provide space for socialising and privacy, with comfortable communal living areas. People's rooms are personalised to reflect their tastes and interests, with items such as ornaments, photographs, and furniture. Not all people receiving a service have their names outside their rooms to support orientation.

Routine maintenance is taking place with the necessary equipment checks conducted. The service has access to a maintenance person who was at the service on the day of our inspection. The manager told us of maintenance and renewal work that is currently being undertaken at the service to improve the environment. This includes the maintenance and repair of flooring, corridors, bedrooms, a bathroom, and the laundry facilities. This requires careful monitoring to ensure the environment is of a good standard and supports the wellbeing of people who use the service. The environment would be further enhanced by the service provider continuing to redecorate and refurbish the environment to meet the unique needs of people living with dementia. Not all risks within the environment to people receiving a service are considered through risk assessments. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We will follow this up at our next inspection.

The service undertakes regular health and safety checks to ensure the home is a safe place. We saw appropriate oversight regarding gas and electricity safety checks are in place and portable application testing (PAT) has taken place. Regular checks of the fire alarms take place at the home. People have personal emergency evacuation plans (PEEPS) to guide staff on how to support people to leave safely in the case of an emergency.

Infection control arrangements are currently being strengthened with robust arrangements being put in place. Staff are following infection control guidance, and we observed staff using appropriate personal protective equipment (PPE) throughout the inspection.

Leadership and Management

The provider has arrangements in place for monitoring, reviewing and improving the quality of the service. The Chief Executive provides day to day support to the service and the RI regularly visits the home. The provider of the service checks people are happy with the quality of care and support provided. The Quality-of-Care Review uses a variety of information to develop an action plan to improve the service.

The home manager is experienced and suitably qualified for the role. The manager is supported by a deputy manager, and both are in regular communication with the Responsible Individual (RI). The manager is well known by the people who live at the service and their representatives. Representatives told us management are always available and easy to talk to. One representative told us, *“They act on things straight away, fair play.”*

Throughout our visit, we saw there was a sufficient number of care staff on duty to support people. We saw staff taking their time to interact with people as often as possible. Pre-employment checks take place before new employees start work. These include references, right to work checks and Disclosure and Barring (DBS) checks. New staff receive a worthwhile induction and ongoing mandatory and person specific training to meet people’s needs. A member of care staff told us that the training they had received had left them feeling *‘confident’*. Care staff are registered or working towards registration with Social Care Wales (SCW) the workforce regulator. One representative of a person living at the service told us, *“They are really marvellous and get really involved with the residents.”*

Care staff are provided with regular one-to-one support, through timely supervisions. This is in addition to the daily support care staff are provided by management when required. Care staff describe management as approachable and supportive.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
58	The service provider has not ensured robust arrangements for the safe administration of medication.	New
15	The service provider has not ensured that personal plans contain all appropriate information, documentation and appropriate assessments outlining how the care and support needs of individuals will be met. The service provider has not ensured that any risks to the well-being of other individuals to whom care and support is provided has been considered.	New
44	The service provider cannot be assured that the premises are free from all hazards to the health and safety of people who use the service.	New
36	Due to staff shortages, time has been limited. Therefore, not all staff members have had one-to-one supervision over the last year. But has improved recently and there are plans to rectify.	Achieved
36	Some training has lapsed. But there are plans to rectify.	Achieved

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