



## Inspection Report on

**Plas Newydd Care Home**

**Plas Newydd Care Home  
18 New Road Treboeth  
Swansea  
SA5 9DA**

## **Date Inspection Completed**

26/01/2022  
**24 & 26 January 2022**

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## About Plas Newydd Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Plas Newydd Care Ltd
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	19 September 2019
Does this service provide the Welsh Language active offer?	Working Towards. 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

People and their relatives are happy with the care and support they receive. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care staff are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made in order to promote peoples' health and well-being. Opportunities for people to take part in activities are available.

The service provider has developed systems to enable them to capture people's views and has systems to develop person centred information. The management team have put checks and processes in place to keep service delivery under review.

Improvement is required with completion of the quality of care review report at the required frequency and amount. Supporting and developing staff requires improvement with formal supervision and appraisal at the required frequency and quantity.

## Well-being

People have control over day-to-day life. People told us they get on well with staff and commented, *“The staff are great, they really care”* and *“they are very kind”*. Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly speak with people who live at the home and their families about what is important to them and how to best support them. Staff told us they feel well supported by the management team and commented, *“everyone works well as a team and management are very supportive”* and *“management are flexible and listen to staff concerns”*.

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatry, dietician and physiotherapy. This is confirmed by comments from visiting healthcare professional who told us they are satisfied with the care at Plas Newydd. However, monitoring of care activities requires strengthening and is discussed later in this report.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available, which are meaningful to the residents. Throughout our visits on both days, we observed a number of organised activities taking place facilitated by care workers and a visiting volunteer on another day. The manager told us an activities coordinator had recently been employed but yet to start in post. People told us they enjoy taking part in a variety of activities such as arts and crafts, painting and having a singalong. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people’s records.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People living at the home tell us they feel safe and secure.

People live in suitable accommodation, which overall supports and encourages their well-being. People’s bedrooms contain personalised items of their choice and are suitably furnished. They have facilities, which encourage their independence and enables them to have private time.

## Care and Support

Policy, procedure and application of hygienic practices and risk of infection are in place. Staff demonstrated an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stock of PPE and there are PPE stations in various areas throughout the home.

People are provided with the care and support they need, but this could be improved further by completion of documentation of monitoring of care, which is consistent. We examined a sample of care files, which required reviewing and updating. The sample of records seen by us showed that skin integrity monitoring need updating. People identified as being high risk did not always have appropriate monitoring in place. We discussed this with the manager who agreed to address this as a matter of priority.

The service has safe systems for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records are accurate and the audit process identifies mistakes with appropriate action taken. The medication trolley is secured in a locked room when not in use. As and when required medication (PRN) was appropriately administered in line with instructions. The medication room temperatures are consistently completed on a daily basis to ensure medication is stored at the correct room temperature.

People enjoy a positive dining experience. Improvements have been made to the dining area and dining experience. We observed people during a lunchtime meal and saw the care workers assist people in a relaxed and dignified way. Dining tables have tablecloths, placemats, cutlery and condiments in place in readiness for the meal being served. Staff assist residents in a respectful and dignified way and are aware the people's dietary requirements. There is a menu in place and where people do not like what is on the menu, an alternative is offered. Where people wish to dine alone or eat in their rooms this is respected and facilitated by the staff.

## Environment

The service provider ensures the environment supports people to achieve their personal outcomes. The home is comfortable and homely and we saw people sitting in the lounge area and conservatory on the ground floor or relaxing in the comfort of their bedrooms. The accommodation is clean and comfortable and benefits from good quality decor and furnishings. There is garden to the front of the property with a gazebo with seating and an ornamental fishpond for recreation for residents. Bathrooms and other communal areas are clean and free from excessive clutter. We saw that a bathroom on the lower ground floor did not have the appropriate signage to aid people with orientation. We discussed this matter with the manager who told us they would address this as a matter of urgency.

The home is safe and secure. Visiting professionals are requested to undertake a lateral flow test and sign into a visitors' book on arrival, ensuring peoples' safety is maintained. Visitors are required follow the home's infection control procedures in relation to COVID-19. Information is stored securely and is kept in a locked office. Care documentation is treated sensitively ensuring people's privacy is upheld.

The system of monitoring and auditing which was in place to support a planned maintenance schedule and renewal programme for the fabric and decoration of the premises was sufficient.

The service provider ensures measures are in place to manage risks to people's health and safety. Safety records show that checks are carried out to identify and address any problems. Fire safety checks are carried out regularly. Window restrictors are in place in the areas seen by us. Materials that have the potential to cause harm are stored securely inside the premises but would benefit from ensuring this is consistently kept locked when not in use.

The laundry room is small and organised and has an entry and exit. Appropriate systems are in place to avoid cross contamination and all laundry equipment is in working order. Shelving for linen storage and rails for hanging clothes are in place. There is an appropriate storage area for household waste and clinical waste bins which were well organised.

## Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment care planning, monitoring and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose (SoP). However, we recommend that the SoP be reviewed to include CIW and advocacy information and contact details. We saw policies and procedures are in place and updated. We recommend that the Complaints procedure be reviewed to include advocacy organisations details.

Improvement is needed with arrangements for the oversight of the service, through ongoing quality assurance processes that review standards of care. Visits to the service by the RI are completed consistently. However, Quality of Care reviews have not been completed at the frequency required by legislation. We discussed this with the manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Audits of care practices are in place and mostly completed but monitoring of care such as food and fluid and skin integrity would benefit from reviewing and further developing. People and relatives told us they felt staff and management were “good” and “we get a quick response whenever we have a query”.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The RI told us “*All the homes in the group support each other but are also independently viable.*”

There are sufficient numbers of staff on duty to safely support and care for people. Records show there are a mixture of experienced and new staff available and this was seen during our visit. A relative commented, “*the staff are really caring, they make a fuss of my relative and of us when we arrive for visiting*”. Records show a recognised dependency tool is used to determine the numbers of staff required on each shift. Improvement is needed with staff supervision and appraisal. The sample of staff supervision and appraisal records examined were not carried out at the required frequency. We were shown a training matrix, which includes mandatory courses as well as other courses, which needs to be reviewed with view to ensuring staff have completed the necessary training required. We discussed this with the manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff records seen by us showed that a full employment history, together with a satisfactory written explanation of any gaps in employment was not sufficiently robust for three of the

sample of staff files seen by us. We discussed this matter with the manager who agreed to review the staff files.





### 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
80	The service provider should ensure the quality of care review report is undertaken at least on a 6	New

	monthly basis.	
36	The service provider should ensure staff are provided with supervision and appraisal at the required frequency and amount.	New

**Date Published** 28/02/2022