



Inspection Report on

Three Cliffs Care Home

**Three Cliffs Care Home
Penmaen
Swansea
SA3 2HQ**

Date Inspection Completed

29/11/2021

25 & 29 November 2021

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About Three Cliffs Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Heart of Wales Care Ltd
Registered places	51
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer'.

Summary

This was an inspection to check for compliance with priority action notices issued at the previous inspection. People and their relatives are satisfied 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.

People have access to health and other services they need. People's personal plans are accurate and up-to-date and are regularly reviewed. There is monitoring of weight, nutritional and fluid intake, and remedial action is taken when concerns arise or persist.

Improvement has been made to medication storage and administration, staff records and supervision and appraisal.

Well-being

People have control over day-to-day life. People told us they have a good relationship with staff and commented, *“they are good to me”* and *“they are kind”*. Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly attend the service and speak with people who live at the service and their families about what matters in their lives and how to continue to best support them. Staff commented they feel supported by the manager and RI and would recommend working at this care home. Relatives told us the manager is approachable. Comments include *“the manager is brilliant”* and *“they know what they’re doing”*.

People get the right care and support. Records reflect referrals are made in a timely way to a variety of healthcare professionals such as psychiatry and podiatry. This is confirmed by a visiting healthcare professional.

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 people who live there. Relatives told us there is a full activity programme and 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 and their families tell us they feel their relatives are in safe hands.

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

Care and Support

People are provided with the quality of care and support they need. We examined a sample of care files, which were reviewed and updated. Diet and nutrition records were sufficient and weight was routinely monitored to identify continuous weight loss. Records of skin integrity were sufficiently completed and monitored and wound management records were routinely audited for quality. Airflow mattresses where recommended in care plans were in place and routinely monitored. Dietary supplements where identified for a resident were recorded on the medication administration record (MAR) charts. Records of clinical observations, which were recommended by professionals, were completed according to instruction.

People have access to health and other services they need. We spoke with people using the service, their families and visiting professionals, who confirmed access to health services is appropriate. Records showed that appropriate referrals to external agencies are made when needed in a timely manner.

Policy, procedure and application of hygienic practices and risk of infection are in place. Staff demonstrate 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.

The service has systems for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Records of audits are sufficient. Medication administration records are accurate and the audit process identifies any mistakes with appropriate action taken. Dietary supplements are recorded on medication administration records (MAR) charts. Medication room temperatures are consistently completed on a daily basis and the medication refrigerator was in working order at the time of our visit.

People enjoy a positive dining experience. Refurbishment work has been carried out and there is no current negative impact on diners. We observed people during a lunchtime meal and saw the care workers assisting people in a relaxed and dignified way. The home has three dining areas with all three available for people to eat their food, thus ensuring there is sufficient space available to diners. People mostly ate their meals at cantilever tables by their seats in one dining room and others sat at dining tables in the other two dining rooms. There are no tablecloths or condiments on the tables. However, menus are written on white boards in the dining room. Staff assisted residents with eating and drinking alongside them. However, occasionally staff were seen to be assisting residents while standing up and supporting two residents at a time. This was discussed with the manager who agreed to

address this. There was a television on in the background in the dining areas and radio on in one area. We conclude that people have a satisfactory dining experience.

Environment

The manager ensures the environment supports people to achieve their personal outcomes. The provider continues with the process of an extensive refurbishment programme and has completed refurbishing the hallways and stairwells of the home. All three lounge/dining areas have been refurbished. The process of refurbishing bedrooms is currently underway with several bedrooms having been completed. Plans to improve the external environment of the home are in place and the development plan for improvements to the property are on track. The cosmetic appearance of the external garden areas and building have been considered in a development plan for the service and this plan is currently being implemented. The manager told us equipment has been ordered and plans to renew and update the garden and pathways are in place.

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. Window restrictors are in place in the sample of bedrooms we saw. Materials that have the potential to cause harm are well organised and stored securely inside the premises. Emergency alarm pull cords are accessible to the residents.

Information is stored securely in a locked office and care documentation is treated sensitively ensuring people's privacy is upheld.

Leadership and Management

The service provider has governance arrangements in place to support the operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning and health and safety. The service is provided in line with the objectives of the Statement of Purpose. There is a service user guide available for people living at the home. People and families give positive feedback about the care provided. We saw policies and procedures are in place and updated such as a falls policy, infection control and safeguarding.

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. We saw there are sufficient numbers of staff available when needed. A relative commented, *"I would recommend this home, we always receive a warm welcome"* and another commented *"they communicate well with me, we are always kept informed of what's going on"*. Staff supervision and appraisal is sufficient. The sample of staff supervision and appraisal records examined show they are carried out at the required frequency. The manager told us that she has developed a plan to systematically review staff records with view to ensuring all staff have updated appraisals and regular supervision. We were shown a training matrix, which includes mandatory courses as well as other courses.

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 of plans of continued investment at the home such as improving the gardens and look of the home. There is also improvements being made to bedrooms (ongoing) and bathrooms.

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
16	Personal plans were not reviewed as and when required.	Achieved
17	The service provider did not keep a record of the personal plan and any revision of this or outcome of any review.	Achieved
33	People were not supported to access services from health and allied health professionals in a timely manner.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A
58	Medication storage and administration did not adhere to statutory and non-statutory national guidance.	Achieved
36	Staff supervision and appraisal was not consistently provided at the required frequency and amount.	Achieved

Date Published 22/12/2021