



## Inspection Report on

**Treforys Care Home**

**Treforys Care Home  
School Road  
Morrison  
Swansea  
SA6 6HZ**

## **Date Inspection Completed**

09/03/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## About Treforys Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Padda Care Homes Ltd
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">17 November 2021.</a>
Does this service provide the Welsh Language active offer?	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

Treforys is a nursing and residential care home for adults with nursing and or personal care needs in the town of Morriston, Swansea. People living in the service are treated with dignity and respect by a team of dedicated staff who know them well.

People are supported with up-to-date personal plans which are designed with their input when possible. Care workers are suitably recruited, supported, and trained in their roles and feel valued as employees. People appear happy and content in the service, which is light, homely, and well maintained. There have been changes to the service since the last inspection with the addition of more bedrooms and amending some of the communal areas, giving people more choice of where they can spend their time.

There is a well-respected manager in post who has good tools in place to maintain the smooth running of the service. The responsible individual (RI) carries out audits on files and the environment during visits and these are logged in quarterly reports. People are encouraged to give their views and feedback to drive improvement in the service and this feedback is used to create the bi-annual quality of care review reports.

## Well-being

People have a voice and are treated with dignity and respect. From initial contact where possible, people or their representatives are involved in the planning of their care.

Up to date electronic personal plans give a good picture of each person supported in the service with good detail on what matters to the individual. People and their families are encouraged to give feedback on the service to drive improvements. Observations of interactions between care staff and people with genuine kindness and respect were seen throughout the inspection visit.

People are protected from harm and neglect. Safeguarding training is mandatory for care staff in the service and all staff files seen were up to date in this. Care staff spoken with are aware of the procedures to follow if they have any concerns about people they support. The provider has a safeguarding policy in place that reflects the Wales safeguarding procedures. The service is well maintained to ensure it is safe and comfortable for people. There is a hardworking domestic team in place to ensure the service is clean and tidy and that risk of cross infection is kept to a minimum.

People's physical, mental health and emotional wellbeing is maintained. There are good systems in place to manage medication. Nursing and care staff know the people they support well and can recognise any signs of ill health and take appropriate action in a timely way. The electronic care planning system in place enables the nursing staff and management team to quickly access individual monitoring charts. This gives quick oversight of their status and any changes that have occurred to take appropriate action. Although the service is currently recruiting a further well-being coordinator: we saw people participate in meal preparation and the whole room lighting up when music was played with smiles seen and a choir of voices singing with pure content.

People are supported by a service where there is good oversight. There is a respected manager in post who is well thought of by people, their relatives, and staff. They are visible in the service daily and have good systems in place to ensure audits and reviews are carried out routinely. The RI visits the service regularly and speaks with people, relatives, and staff to understand their experiences. Regulatory reports are completed at appropriate intervals, however, feedback gained on RI visits is not evidenced. This will be addressed immediately by the RI.

## Care and Support

People and their relatives are encouraged where possible to be involved in the planning of their care and support. We looked at three care files on the electronic care planning system. Assessments on admission to the service are detailed and give a good insight into the person and their individual needs. Personal plans are reviewed routinely and are up to date with people's current needs, give a good overview of the person and what is important to them. We saw risk assessments are also included in the electronic system which are tailored to each person's individualised risks. Consent forms are in place, and this is signed by the individual where possible or a named person on their behalf. Feedback from relatives spoken to was positive, one person said, *"When I first went there, they asked all the right questions, they have gone through the care plan, and they have invited me there for reviews"*.

People are supported to participate in activities they enjoy. The manager explained that activities is an area they've identified as needing improvement now and are currently recruiting another well-being coordinator. During the inspection however, we observed people assisting the cook to prepare vegetables, people were using therapy pets and dolls for comfort, a family dog was visiting which brought joy to people and many residents were beaming with smiles, singing, and dancing with their arms whilst the music was playing. Care workers have a good knowledge of what type of music people enjoy and this was evident during these observations. This was also evident from feedback obtained from professionals who visit the service and said, *"People really enjoy music and dancing here it's so nice to see"*, and a relative said, *"I'm there nearly every day and I can see what's going on and staff interaction is really good"*.

The provider has good systems in place to manage medication and monitor people's health. There is a designated medication room where the temperature is monitored to ensure safe storage of medication. The room is locked when unmanned and medication is locked in separate cupboards. Only Nurses and senior staff have access to the room. We viewed three Medication Administration Record (MAR) charts with the corresponding medication and found these were all accurate. There are good procedures in place for ordering medication. Any unused medications are recorded and destroyed accordingly. Nursing and care staff familiarise themselves with people quickly from admission to the service so they can recognise any signs of ill health and seek medical advice promptly when required. Records of appointments with medical professionals were seen in hard copies in care files.

The provider has mechanisms in place to safeguard the people they support. Care staff undertake mandatory safeguarding training as part of their role and those spoken with are aware of their responsibility to report any concerns, they may have about people they support. We saw the safeguarding policy which has been reviewed to include the Wales Safeguarding procedures. People who do not have the capacity to make decisions about

their accommodation, care, and support have Deprivation of Liberty Safeguards (DoLS) in place which are reviewed as required to ensure they are required.

## 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. Treforys has an enclosed outdoor area which has been revamped in recent months ready for the warmer weather, and the manager is looking forward to using it this summer. In expanding this, car parking in the service has reduced. The service has recently had an extension conversion completed which added further bedrooms to the service and enhance a communal area. We saw that there are now 4 communal lounges on the ground floor alone and a large hallway which is also used for communal seating. The communal areas available vary in size but all were clean, light, and inviting, with comfortable chairs and tables in place. Furniture seen was all in a good state of repair. People's bedrooms are spacious, and all have en-suite facilities and are personalised to reflect people's personalities and individual tastes.

The service provider has procedures in place to identify and mitigate risks to health and safety. The service employs a maintenance person who carries out general duties and routine checks within the service, and the manager told us that they have also employed a handy man to carry out remedial works as and when they arise. We saw the maintenance file where environmental and equipment checks are recorded appropriately. These include water temperatures, call bell checks, fire equipment and lighting. Certificates are in place for annual servicing of utilities including, gas, electricity, and portable appliance testing (PAT). The service has had a recent inspection from environmental health and scored a food hygiene rating of 5 which implies standards are very good.

The service promotes hygienic practices and manages the risk of cross infection. The service has a visible hard working domestic team maintaining a good standard of cleanliness and hygiene. Care staff wear appropriate Personal Protective Equipment (PPE) when carrying out personal care with people to minimise the risk of cross infection. Care workers told us that there is a good stock of PPE available to them. We saw the service' infection control policy which has been updated to reflect any changes in the government guidelines appropriately.

## Leadership and Management

The provider has good systems in place to support the smooth operation of the service. The service manager is well regarded. Feedback from people, their relatives, professionals and staff was all positive, comments included, “they are *lovely to talk to and very approachable*”, “*always there to listen and do all they can to help*”, and “*The manager seems to understand the needs of the residents really well and has a very non-confrontational way of dealing with people*”. The manager is supported by a clinical lead who is newer in post, however, feedback about them was also positive. We saw that audits take place to ensure systems and paperwork are kept up to date and electronic alerts are set up and calendar reminders to minimise missing deadlines. We saw a sample of the services policies and procedures including the service’s statement of purpose and this reflects the service well and all policies have been reviewed.

There are good systems in place to recruit, train and support care staff. We looked at three personnel files and found them in good order with all required pre-employment paperwork checks in place. This included up to date Disclosure and Barring Service (DBS) checks and references from staff’s previous employments. We looked at staff training records and saw that nursing and care staff undertake a great deal of training routinely to maintain their skills and knowledge to do their jobs effectively. Feedback from care staff confirmed this. Relatives also noted “*I think they must get good training, as they obviously have a good understanding of dementia*”. We looked at supervision and appraisal records and these are completed quarterly and annually as required by the regulations. Care workers feel valued and appreciated in the service and are happy in their roles. Comments included “*I feel valued and like the thought that I make a difference to people’s lives*”, and “*I really like it here*”.

There are arrangements in place for the effective oversight of the service through ongoing quality assurance. The RI visits regularly and produces quarterly reports to evidence these visits. As part of these visits there are spot check audits of care and staff files, and manager and environmental audits. People and their relatives told us that they speak to the RI and tell them how they are getting on in the service during their visits. However, this isn’t evident on the reports seen. The RI assured us that this will be addressed immediately so an action for improvement was not raised at this time. The RI also completes a bi-annual quality of care review where there is an overview of the current performance of the service and areas where it can be improved.

The service provider has oversight of financial arrangements and investment. The service is well maintained and there has been a lot of investment since the last inspection. Staffing levels on the day of the inspection appear to be appropriate for the support required by people.

### 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
------------	---------	--------



N/A	No non-compliance of this type was identified at this inspection	N/A
35	We looked at three staff files and found that two out of three did not have two written references on file to evidence robust background checks were carried out prior to offering employment. In both personnel files viewed there was only one pre employment reference in place for both individuals. The requirement is two and one must be from the previous employer.	Achieved
36	We looked at three staff files and saw that supervision was not carried quarterly on any of them	Achieved

**Date Published** 20/04/2023