



# Inspection Report on

**Cwrt Mytton**

**Cwrt Mytton Home For The Elderly  
Oak Street  
Abertillery  
NP13 1TE**

## **Date Inspection Completed**

18/05/2023

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## About Cwrt Mytton

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Blaenau Gwent County Borough Council Adults and Children's Services
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	05 May 2022
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

People receive a good quality of care and support at Cwrt Mytton. The environment is homely, clean, and decorated to a good standard. People told us they are happy living there; we saw people settled and at ease in their environment. Visiting relatives told us they are happy with the support provided. Activities, levels of engagement and stimulation require improvement to enhance people's well-being. Care staff are compassionate and respectful. The service has systems to ensure care and support is of a good standard. People benefit from individualised and current personal plans which are now reviewed regularly. Plans do not contain personal outcomes. The production and review of plans do not evidence people's involvement. Management is well-regarded and visible in the running of the service. Policies and procedures are in place to help protect people from harm or abuse. Staff recruitment process is not sufficiently robust. Care staff receive formal supervision and feel supported in their work. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews.

## Well-being

People are treated with dignity and respect at Cwrt Mytton. People look well cared for and settled in their environment. Staff know individuals well. They can talk about individuals past history, their likes and preferences. We saw laughter and positive interactions between staff and people they support. Planned activities are available for people to attend on an infrequent basis. Day to day engagement and stimulation requires improving. Friends and relatives can visit when they wish. Personal plans contain guidance for staff on how to meet identified needs. Further development of plans is required to include personal outcomes and evidence of people's involvement in their production and review.

People are encouraged and assisted by care staff to be as healthy as they can be. Individual's health is monitored to ensure consistent care and timely referrals. Accidents, incidents and falls are recorded. A range of external healthcare professionals support people living at the service. The home has a sufficient supply of personal protective equipment (PPE) and we saw this being used appropriately. We saw the management of medication continues to improve and is in line with the medication policy. Meals look appetising and portions are appropriate. People's individual dietary needs are considered and healthy, nutritional meals ensure people remain healthy.

People live in an environment that supports them to meet their needs. The property is divided into three units, currently only two units on the ground floor are in use. Bedrooms are comfortable and personalised, and communal areas are numerous and spacious. Suitable mobility aids are in place to help people where needed. Arrangements are in place to ensure the environment is clean, safe and well maintained. Fire safety systems are in place; however, fire drills are not completed as required.

There are systems in place to help protect people from abuse and harm. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. The service has worked in partnership with other agencies to participate in the safeguarding process. Incidents and accidents are logged, and appropriate actions taken by the service. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. Screening and background checks prior to staff starting work, require improvement. The service submits notifications to Care Inspectorate Wales (CIW) as required.

## Care and Support

Care staff are attentive and respond to people's needs with appropriate levels of prompting and support, in a warm and compassionate way. People look relaxed and comfortable in the presence of staff and are positive about the care they receive. We heard staff engaging individuals in conversation, using humour and encouraging others to join in.

People living at the service said, "*there is always someone there if you need them*" and "*staff are nice*". People also said, "*it can be boring sat here all day*" and another person confirmed "*there is nothing to do if you haven't got visitors*". The service does not have dedicated activity staff. Opportunities to participate in some group activities are available, for example celebrating the recent coronation. However, on a day-to-day basis, levels of social interaction and stimulation are variable. Which can result in boredom and loneliness. This is an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

Each person receiving a service has a personal plan which is individualised and detailed. Plans are reflective of people's current identified needs and contain guidance for staff to follow. For example, supporting a person at risk of falls or skin damage. Individuals' care and support is routinely monitored which supports referral to other professionals as and when needed. Care plans are reviewed and updated regularly. No evidence was available to show reviews are undertaken with people or their representatives. Personal outcomes for individuals are not completed within plans. Without these individual wishes and aspirations, the persons voice is not central to the care provided to them. We advised the above are areas for improvement, and we expect the service to take action to address this. Daily recordings and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs.

We viewed evidence of appropriate and timely referrals to health professionals and partner agencies, with recommendations and direction acted upon by the service. Deprivation of Liberty Safeguard (DoLS) applications have been made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe. There are systems in place for the management of medication. Medication is stored securely and can only be accessed by authorised care staff. Records show staff administer medication in line with the prescriber's directions. The home has an up-to-date medication policy in place. Medication is audited regularly.

People benefit from a balanced diet and varied menu. During our inspection, we viewed a variety of options on the menu, with people offered alternatives if needed. We saw evidence of people having drinks to help keep them hydrated. Dietary preferences are understood and available to kitchen staff. The service has a Food Hygiene rating of 4, meaning hygiene standards are good.

## Environment

The premises, facilities and equipment are suitable for the provision of the service. The location, design and size of the premises are as described in the statement of purpose. The service provider has invested in ongoing renovations and updating of the environment. We walked around the environment and found it was clean, safe and comfortable. Rooms are a good size and comfortable. Bedrooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Records we viewed demonstrate routine completion of utilities testing. Fire safety tests are completed. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency. The RI had also identified fire drills had not been completed at the service and gave assurance this was being addressed. Substances hazardous to health are stored safely. There are no obvious trip hazards. Daily cleaning and laundry duties are being maintained.

## Leadership and Management

Governance, auditing and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI has good oversight of the service. We saw evidence of the RI undertaking the required three-monthly service visits and six-monthly quality of care reviews. Policies and procedures, for example, management of complaints, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints and address them. There are systems in place to ensure people, their families and professionals can let them know what they think of the service provided.

The recruitment process at the service is not sufficiently robust. Disclosure and Barring Security (DBS) checks are in place and current. Not all safety and screening checks have been completed before a person starts work at the service. For example, not all required references have been sought before contracts of employment are issued. This is an area for improvement, and we expect the provider to take action, this will be followed up at the next inspection. Care staff are supported to register with the workforce regulator, Social Care Wales (SCW).

Systems to support staff and develop their skills have improved. Staff told us they are happy in their role, although it could be very busy at times. They stated they felt supported and confident in their role. All staff have received formal supervision within the last two months. The frequency of formal supervision now needs to be embedded and sustained going forward. During our inspection, evidence to demonstrate all staff had completed core and refresher training in a timely manner was difficult to locate. Staff spoken with confirmed attendance at training. Certificates of training attendance were held on some staff files but not all. The RI gave assurance that systems to monitor and evidence staff training would be streamlined and accessible, we will consider this at the next inspection.

### 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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21	Lack of activities and engagement on a day to day basis, to provide stimulation and a feeling of well-being for every person.	New
35	Recruitment system is not sufficiently robust.	New
15	Personal plans do not identify personal outcomes and how these can be achieved or evidence peoples involvement in the production and review of plans.	New
16	Personal plans are not amended and updated fully to reflect changes in care and support needs.	Achieved
21	The provider failed to ensure personal plans had sufficient detail to inform and guide staff.	Achieved
36	The provider did not ensure staff receive regular training and formal supervision.	Achieved

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