



Inspection Report on

Swn-y-Gan

**Swn Y Gan Nursing Home
Banc Bach Penclawdd
Swansea
SA4 3FN**

Date Inspection Completed

16/05/2023

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
You must reproduce our material accurately and not use it in a misleading context.

About Swn-y-Gan

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	SWN-Y-GAN LTD
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	21 November 2021
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

Swn-y-gan is a nursing and residential care home for adults with nursing and/or personal care needs in the village of Penclawdd on the Gower peninsula in Swansea. People receive a good service where their needs are catered for in a dignified and respectful way.

People are supported by care workers who are dedicated in their roles and have a good understanding of their needs through having up-to-date detailed personal plans to follow. These personal plans reflect people well and give a good picture of the person and what matters to them. Care staff are recruited safely, are supported, and receive training to enhance their skills and knowledge to support people appropriately. There is a programme of activities in the service which people enjoy.

The service is bright and homely and there are good procedures in place to maintain the upkeep. At the time of this inspection the Responsible Individual (RI) was on leave, however good arrangements are in place to maintain oversight of the service. There are two deputy managers in post who are visible in the service daily. Routine audits are carried out to ensure the smooth running of the service and regulatory reports are being completed as required at the appropriate times.

Well-being

People have a voice and are treated with dignity and respect. People and/or their representatives are encouraged to participate in the planning of their care where possible. People are encouraged to share information with the service prior to moving in so that the service can ensure they are able to meet their needs successfully. Personal plans are developed from this information and reviewed with people where possible on moving into the service. People are encouraged to give their views of the service routinely to drive improvements and people feel listened to.

People are protected from harm and neglect. There are up to date policies and procedures in place to safeguard people in the service and these reflect the Welsh legislation. There are good procedures in place for safe recruitment of staff. Care staff undertake mandatory training in safeguarding and are aware of their responsibilities. The service is well maintained and there are security arrangements in place to enter and exit the building safely. There is a domestic team in place who ensure the service is clean and any risk of cross infection is kept to a minimum.

People's physical, mental health and emotional wellbeing is promoted. There are numerous opportunities in the service for people to participate in activities. Medication is managed well in the service. There are good systems in place to monitor people's health. Nursing and care staff are familiar to the people they support and can recognise any signs of ill health to take appropriate action when needed.

People are supported in an environment that meets their needs. The service is in a good state of repair and is well maintained. Systems are in place to ensure routine checks are carried out within the premises, by an employed maintenance person. External agencies carry out routine servicing of utilities and major appliances and equipment within the service.

There are good arrangements in place to ensure the service runs smoothly. There are two deputy managers in post who are supported by the directors of the service. Regular reviews of systems and documentation take place to identify any issues to resolve. The director visits routinely and speaks with people, relatives, and staff to understand their experiences within the service. Regulatory reports are completed as required.

Care and Support

People and/or their representatives are encouraged to be involved in the planning of their care and support. We viewed three care files which are in hard copy at present, however the provider is soon to transfer this data on to electronic care planning software. We saw good detail in forms completed with people during initial enquiry and assessments. Personal plans are well structured and give care staff a good oversight of the person and the support they require. Corresponding risk assessments are also in place for each identified care need. We saw that both personal plans and risk assessments are reviewed routinely, and it is clear to see what people's needs are at the time of reading. People and relatives spoken with confirmed that they are involved in the planning of their care. A relative said, *"I am involved in the planning of her care, they always tell me if there are any changes."*

People are supported to participate in activities they enjoy. Activity records in people's files log the experiences that people have participated in and enjoyed in the home in recent weeks. One person was keen to tell us what they had been involved in *"We have lots of things to do here, we had an alpaca in the building the other week and rabbits and guinea pigs, we do have lots of fun to be fair"*. Another said, *"There's a whole mix of fun, we had Elvis here the other day and my left leg started to move"*. A relative also said *"they always try to involve X in everything to be fair"*. People appeared content and we saw care staff smiling throughout the inspection.

There are good systems in place to manage medication at the service. Medication is managed in the service through electronic records (e-mars). We looked at the system and it was evident that it minimises the risk of medication errors, through alerts for double checking things and the need for counter signatories when necessary. The deputy manager told us that since the installation of the system, there had been no errors and it was a great success. The e-mars are also linked directly with the pharmacy which has significantly improved the system of ordering medication. We saw that Medication administration records (MAR) on the system were completed accurately. There is a dedicated medication room which is locked, and medication is secured in locked trolleys and cupboards within. There is currently an issue with the temperature of the medication room, however the service is in regular contact with the pharmacy about this and is currently sourcing the installation of an air conditioning unit to ensure the correct storage temperatures are maintained going forward.

There are procedures in place to safeguard people in the service. We saw on the training matrix that safeguarding is a core mandatory subject and must be completed within 6 months of employment. Care workers spoken with have a good understanding of their responsibilities to report any concerns. There is a safeguarding policy in place which has

been reviewed to reflect the Wales Safeguarding procedures. We saw that Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care, and support. These are reviewed as required.

Environment

The provider ensures that care and support is provided in a location and environment with facilities and equipment that promotes their goals and well-being. Swn-y-gan is in a very beautiful area which overlooks a magnificent bay. There is parking to the rear of the building as well as a garden and patio area for people to enjoy the outside space. There are further plans to extend the service and have a raised balcony which will enable people to enjoy more of the wonderful views. There are currently two communal lounges in the service and a reasonably sized dining room so people can choose where to spend their time. These communal areas were all clean, bright, and homely and people looked comfortable. Furniture seen was in good state of repair and a recently broken chair had been repaired by the maintenance person. We looked at bedrooms and found these to be spacious. They included people's personal belongings and pictures etc to make them more personalised. Many bedrooms have en-suite facilities, however communal bathrooms seen are well equipped, clutter free and clean.

The service provider has procedures in place to identify and mitigate risks to health and safety. There is a maintenance person in post who we spoke with during the inspection. Their role is to carry out general duties and routine checks in the service. We looked at the maintenance file and saw these checks were completed, these included: hot water temperature checks, emergency lighting and visual equipment checks. There are audits in place to monitor the call bell system and the timing of responses to ensure people receive timely responses. Utility annual servicing is in place and certificates were seen for these, including gas, portable appliance testing (PAT) and fire equipment servicing. The electrical five-year certificate is slightly overdue, however the electrical inspection is booked to be completed imminently and this certificate will then be forwarded to the inspector. There has been a recent inspection by environmental health, where the kitchen was awarded a food hygiene rating score of 5 which implies standards are very good in the service.

The service promotes hygienic practices to minimise the risk of cross infection. We saw the domestic team hard at work throughout the inspection. There was a good standard of cleanliness throughout the service. There is an infection control policy in place which reflects the current guidance.

Leadership and Management

There are good systems in place to support the smooth operation of the service. Despite the unexpected absence of the manager/RI, the service deputy managers are working closely with the directors of the service to ensure systems and procedures at the home run smoothly. Both deputy managers are registered nurses. We saw that routine audits take place at the service, these include care files, personnel files, medication and more. The Statement of Purpose (SOP) has been reviewed and a copy submitted via notification to Care Inspectorate Wales (CIW) as required. We looked at this and it gives a very good overview of the service and what it provides. We viewed a sample of policies and procedures and saw that these are updated to reflect any changes in legislation.

The provider has robust systems in place for the safe recruitment of staff and supports staff with their personal development. We saw three personnel files which were all easy to navigate and had the required documentation in place for safe recruitment. This included acceptable forms of identification, up to date Disclosure and Barring Service (DBS) checks and employer references from previous employments. We viewed the staff training matrix and saw that all staff are required to undertake core mandatory training which includes moving and handling, infection control and medication. Most staff had completed all of these or were allocated to complete them imminently. There were also other training modules available for staff depending on their job role and we saw that many had undertaken these additional modules. Nursing and care staff receive regular supervision and annual appraisals to monitor their professional development and these records are kept in a separate file confidentially in the office. Care staff spoke with are content in their roles and comments included: *"I love it here, we get regular management support if we need it"*, and *"I feel supported by the management team and could go to them if there was anything troubling me"*.

There are arrangements in place for the effective oversight of the service through ongoing quality assurance. The director visits the service regularly and is temporarily undertaking the RI duties at the service. They are managing this well by visiting the service regularly and speaking with people and staff about their experiences in the service. A report is produced to record these visits which details the tasks undertaken whilst visiting. This includes dip sampling of people and staff files, looking at documentation, policies, records and much more including environmental checks. Any areas identified as needing improvement are noted and incorporated into an action plan. A bi-annual quality of care review is completed as required by the service and we saw that these give a very good picture of the service, its achievements since the previous reports and areas identified for further improvement.

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
------------	---------	--------

N/A	No non-compliance of this type was identified at this inspection	N/A
36	Not all staff members received an annual appraisal and staff supervision was not consistently being carried out on a 3-monthly basis. Ensure all staff receive regular supervision and annual appraisals.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 22/06/2023