



## Inspection Report on

**Swn-y-Gan**

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

## **Date Inspection Completed**

13/12/2023

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## 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	<a href="#">16 May 2023</a>
Does this service promote Welsh language and culture?	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

An early inspection was completed due to the absence of the registered manager and Responsible Individual (RI). A covering manager is in post and a director of the company is completing the RI responsibilities at the time of the inspection. The covering manager is not registered as a manager with Social Care Wales (SCW) but was being supported to complete their registration.

Care and support is delivered in a timely way. We observed good recordings within care documentation with person centred information available to all staff. Medication is stored securely and administered as prescribed. Improvements are required to ensure the medication room is kept within the temperature parameters as required.

Swn-y-Gan has a homely atmosphere and people have their rooms personalised as they wish. The décor and furniture is in a good state of repair and maintenance checks are completed as required. A good standard of hygiene and cleanliness was observed throughout the home.

Good oversight and quality assurance processes are in place. The use of a Key Performance Indicator tool supports the covering manager and RI with general oversight and helps identify areas that need to improve or are doing well. Improvements are required to staff fitness checks, specifically around the number and type of references obtained. Staff told us they feel supported and receive training and supervision.

## Well-being

People do what is important to them and are treated as individuals. The covering manager has ensured each person has their personal, professional and social history completed which helps staff deliver person centred care and support. People have the opportunity to attend a variety of activities. We saw plans in place for a Christmas party; Christmas craft taking place and people being offered a choice of some quiet time or to join in activities. Family members told us *'X loves interaction, making things and entertainment and they have it all here.'* One staff member told us: *"There are always activities and I can't fault the senior support. Overall, it is absolutely great"*.

People are treated with respect by staff who know them well. We saw caring, patient interactions where people are given choice, listened to and treated as individuals. One person told us *"The staff are lovely"* with a family member telling us *"They are excellent, fantastic –the staff are great"*. People are asked what their preferred first language is on admission to the home. We noted bilingual signage in English and Welsh and the covering manager told us they are working towards the Welsh Language Active offer. People are supported with choice and have a voice in their day-to-day activities. The provider is working towards involving people and their representatives in their quarterly reviews.

People are supported by staff who know the safeguarding processes. An up-to-date safeguarding policy is available and staff receive the required training. Regarding recruitment, improvements are needed to ensure the provider obtains references as required. People receive care in a timely way with staffing levels in line with the Statement of Purpose (SoP) and good quality assurance processes are in place. Improvements are required to ensure the temperature of the medication room is within the required parameters and the covering manager is trialling an air conditioning system since the inspection visit.

People live in a home that supports their level of independence and is suited to their individual needs. People are able to access the community (with support), as they wish. Visitors are enabled and encouraged to spend time with their family members in their home.

## Care and Support

Care documentation is accurate and up to date. The electronic care documentation system is user friendly and staff can easily access personal plans and risk assessments. We saw observations, such as weight checks, completed as required. Personal plans and 'About Me' information is person-centred with detail around people's previous work and social history. Care is provided in a timely way with call bells answered and records of care interventions completed as they are provided. We saw records of mattress checks and position changes to support skin integrity. We did note one mattress setting was higher than required for the person's weight and we were informed this was the person's preference. We advised the covering manager to check with the product and referring professional and record the outcome of this. People appeared comfortable and seemed happy and content in their rooms or in the communal areas of their choice. Staff told us *"They are well cared for here"*.

Personal plans are updated and reviewed at least monthly. People and their representatives are not invited to a review meeting, as such, however family members told us they are kept up to date. *"If there are any concerns the home is proactive"* and *"They keep us up to date"*. The covering manager told us they are working towards sending invitations out to family members next month and planning to involve people with their reviews where this is possible.

Medication is stored securely with adequate stock levels meaning medication is available and administered as prescribed. We observed medication being administered in a caring, safe and sensitive manner. The electronic system is accessible by the manager who can have oversight and audit medications on a daily basis. We saw monthly overviews of medication audits on the key performance indicator system. The room temperature where the medications are stored was above 25 degrees Celsius. This means medicines are not always stored within the required room temperature and this may affect the efficacy of the medicines. We noted this was identified at the last inspection earlier this year. We were told a mobile air conditioning unit had been tried but was ineffective. The covering manager advised that a unit had been fitted after the inspection visit and temperatures of 25 degrees Celsius were still recorded for three of the five days since then. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Environment

Swn-y-Gan has a very homely atmosphere. Christmas decorations were up and plans were taking place for Christmas activities. There is an open visiting policy so visitors came and went at times to suit people they were visiting. Security measures are in place including main door keypads, a sign in book and use of CCTV in one communal area and outside the premises. This is as per the home's policy and as agreed by people and their representatives.

Maintenance checks and services are completed to ensure the upkeep and safety of the home. We saw records of electrical installation certificates and annual gas services. Manual handling equipment seen had dates of services completed. We were told a fire risk assessment had been completed recently. Fire extinguisher checks take place as required. Fire sledges are on each floor and staff told us they practice using these as part of regular fire training updates.

Rooms within the home are personalised to people's preferences. We saw people spending time in their bedrooms enjoying quiet time or in communal areas as they preferred. Some bedrooms have ensuite shower rooms and people also have access to communal bathrooms and toilets. We saw one bathroom on the top floor was out of use and people used the shower room on the first floor as an alternative. We saw manual handling equipment stored in another communal bathroom. We were told the available facilities are adequate for the requirements of people in the home. We advised the covering manager to ensure the SoP accurately reflects the available bathroom facilities.

People accessed the dining and lounge area on the ground floor. The second lounge area was used to temporarily store Christmas decorations at the time of our visit but the covering manager told us it is used as a second lounge when needed. We observed lunch time in the main dining room where people enjoyed spending time together. There was a pleasant atmosphere with Christmas music. A choice of homemade lamb pie and vegetables was offered with alternative choices if preferred. Staff have a good rapport with people and were seen to be respectful and caring.

Generally, the home looks in a good state of décor with nice in keeping furniture and a good standard of cleanliness throughout. Since the last inspection the laundry room has been refurbished with plans to develop further areas of the home and grounds.

Visitors and staff told us "*I think it is homely here*" and "*We have a nice, homely feel here.*"

## Leadership and Management

There are clear lines of accountability within the service. There is a covering manager in post with a director temporarily covering the duties of the RI. Staff told us they feel supported by the covering manager and receive individual supervision. Staff told us *“If we have any issues there is always support”*. The covering manager has plans to work towards increasing the provision of individual supervision to quarterly and team meetings as required. We were shown the new ‘Key Performance Indicators’ programme that has a traffic light system to alert when things such as training and individual supervision meetings are due. Most staff have completed the required training to enable them to provide care safely to people they support. This includes manual handling training, fire and health and safety. We were told any required practical training that is due to be updated has been booked. Feedback from staff included: *“This move to the team was great for me and my development”* and *“Its lovely here from the first day it felt right and I like it because I can do things to the level they need to be done”*.

We checked staff recruitment files and could see staff have the required Disclosure and Barring Service (DBS) checks prior to commencing employment. Identification checks are completed and staff have professional registration with Social Care Wales (SCW) and the Nursing and Midwifery Council (NMC) as required. Of the five recruitment files checked we saw staff fitness checks are not always completed as required, specifically around the number and type of references obtained. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

The director covering the RI has completed three monthly visits as required and a six-monthly quality care review report. We discussed how this report can reflect feedback from staff and people to show what is working well and how outcomes can be improved for people. We were told work is being completed to produce a staff survey.

Staffing levels are mostly as stipulated in the services SoP. Staff and visitors to the home are positive about staffing levels. Staff told us: *“They are pretty good. Sometimes we are short from last minute absences and they use agency if needed.”* Improvements have been made to the timeliness of the staff response when people press their call bell for assistance. This was identified earlier in the year by the covering manager and has since been monitored with noticeable improvements.

### 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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58	Medicines are not stored at the required room temperature. The provider must ensure a system is in place that ensures medications are stored at the recommended temperature.	New
35	Staff fitness checks are not always completed as required, specifically around the number and type of references obtained. The provider needs to ensure two references are obtained as in line with requirements.	New

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**Date Published** 24/01/2024