



Inspection Report on

Cwrt Mytton

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

Date Inspection Completed

06/08/2024

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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	18 May 2023
Does this service promote Welsh language and culture?	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 good quality care and support at Cwrt Mytton. People told us they are happy living there. Visiting relatives told us they are also happy with the support provided. The numbers of activities, including community access and levels of stimulation throughout the day have improved to enhance people's well-being. Care staff are compassionate and respectful. Each person has a personal plan of care, these plans direct staff on how best to deliver care and support. Personal plans are generic in nature and do not always identify people's personal outcomes and aspirations or how these can be met. Medication management processes require improvement.

There is strong leadership at the home. The responsible individual (RI) regularly visits the service to seek people's views and evaluate the quality of the service. There are effective quality assurance systems in place to monitor and review the care delivery. Care staff are employed following robust recruitment checks. Care staff receive formal supervision and feel supported in their work. Staff training requires improvement to ensure refresher training is completed in a timely manner.

People live in a suitable environment which is safe and meets their needs. Bedrooms are personalised and offer space and privacy. The relevant health and safety checks are up to date.

Well-being

People are treated with dignity and respect at Cwrt Mytton. People look well cared for and settled in their environment. Care staff understand the needs of the people they care for and interact with them positively. Visiting family members are complementary of the care provided to their loved ones. On the day of our inspection the service was holding a summer event, and family and friends were all invited for lunch. The buffet lunch was displayed beautifully, and everyone appeared to enjoy the food. We saw lots of smiles and heard laughter throughout the day.

People are encouraged to have control over their day to day lives where possible. Care staff support people to make everyday decisions. They understand people's preferences and know what is important to them. Residents' meetings are held giving people a voice and the ability to contribute to how the service is delivered. Friends and relatives can visit when they wish. We saw the range of activities available have increased alongside better access to community venues.

People are encouraged and assisted by care staff to be as healthy as they can be. The service assesses people's care and support needs and any associated risks to their health and well-being. A range of external healthcare professionals support people and appropriate referrals are made when any change in people's health is observed. On the day of inspection, both a district nurse and a GP were visiting the service to review their patients. The management and administration of certain medication is not sufficiently robust. People's individual dietary needs are considered, and nutritional meals help people remain healthy. A choice of drinks are offered on a regular basis, ensuring people are hydrated especially in the warmer weather.

There are systems in place to help protect people from abuse and harm. Risks to people are assessed and their safety is managed and monitored. Accidents and incidents are dealt with appropriately and monitored by managers so any trends can be identified and acted upon. Character and suitability checks of staff to undertake their roles before providing care are completed. The provider has a safeguarding policy and guidelines for staff to follow. Where there are necessary restrictions made in people's best interests to manage their safety; these appear proportionate.

Care and Support

Care staff understand individual needs and how to meet them. We observed care staff taking time to reassure and support individuals, ensuring dignity and respect was maintained. People look relaxed and comfortable in the presence of staff and are positive about the care they receive.

Assessments are completed prior to people moving in, to determine whether the service can cater for their needs. Each person receiving a service has a personal plan. These are reflective of people's identified needs, although they can be generic in nature and not always individualised. Risk assessments highlight individual vulnerabilities and contain information on how to keep them safe. Evidence to show reviews are undertaken with people or their representatives was limited. Personal goals and 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 remain an area for improvement, and we expect the service to take action to address this.

There are systems in place to ensure that people's best interests are promoted. Capacity assessments are completed on a regular basis. Deprivation of Liberty Safeguard (DoLS) authorisations are sought 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. The service maintains a record of applications it has made and expiry dates, to ensure authorisations are in place.

We viewed evidence of appropriate and timely referrals to health professionals and partner agencies, with recommendations and direction acted upon by the service. There are systems in place for the management of medication. Medication is stored securely and can only be accessed by authorised care staff. Improvements in the administration of 'as required' and transdermal patch medication is needed. For example, guidance for staff to follow is not comprehensive, medication risk assessments require review and there is insufficient monitoring of the use of 'as required' medication. Additionally, the application of transdermal patches requires review. This is an area for improvement, and we expect the service to take action to address this.

Environment

The location, design and size of the premises are as described in the statement of purpose. We walked around the environment and found it was clean and comfortable.

Accommodation is provided across two units on the ground floor, at the time of inspection the first floor was not being used. 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 a number of different communal areas for people to access, including smaller quieter spaces, a pub environment with pool table and a small home gym. There are sufficient toilet and bathing facilities available. People have access to suitable outdoor areas in warmer weather.

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. Substances hazardous to health are stored safely. We found cleaning regimes and standards of hygiene throughout the home to be good, and laundry duties are being maintained. The service employs a team of domestic staff to maintain the standards in the home. All staff have access to personal protective equipment (PPE).

Leadership and Management

The statement of purpose states what people can expect from the service and the service reflects its contents. There are governance systems in place to support the operation of the service. The Responsible Individual (RI) has good oversight of the service. The RI visits the service and completes the required reports, reviews systems and procedures, gathers feedback from those living and working at the service and sets actions to drive improvement. The service manager has daily oversight of service delivery, supported by a team of senior staff. The manager is experienced and suitably qualified for the role and is committed to support and develop the service.

Selection and vetting arrangements enable the service providers to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service. Current Disclosure and Barring Service (DBS) checks are available for all staff. Care staff are supported to register with the workforce regulator, Social Care Wales. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register.

Newly appointed care staff complete an induction programme which includes training and shadow shifts. Care staff receive supervision and appraisals are completed annually. This provides an opportunity for care staff to discuss any concerns they may have and for management to provide feedback on their work performance. Staff meetings take place on a regular basis, promoting discussions about people's experiences and any planned changes to improve the service. Care staff training records indicate that refresher training is not completed in a timely manner for all staff. For example, gaps were noted in safeguarding, infection control and dementia training. This is an area for improvement, and we expect the service to take action to address this.

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.

Area(s) for Improvement

Regulation	Summary	Status
58	Medication administration systems are not	New

	sufficiently robust.	
36	Mandatory refresher training is not completed in a timely manner.	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.	Not Achieved
21	Lack of activities and engagement on a day to day basis, to provide stimulation and a feeling of well-being for every person.	Achieved
35	Recruitment system is not sufficiently robust.	Achieved

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