



## Inspection Report on

**Llys Gwyn House Limited**

**Llysgwyn House Residential Home  
21 Caecerrig Road Pontarddulais  
Swansea  
SA4 8PE**

## **Date Inspection Completed**

17/09/2024

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## About Llys Gwyn House Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Llysgwyn House Limited
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">[7<sup>th</sup> March 2023]</a>
Does this service promote Welsh language and culture?	This service anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Llys Gwyn House is a family run, homely and welcoming service that provides care to adults who require support with personal care needs. The service encourages people and their families to be involved in their care. There are up to date personal plans in place which reflect the person well. People looked relaxed and comfortable and can do the things that matter to them. People and their families told us they are happy with the service at Llys Gwyn House.

The Responsible Individual (RI) and management team have a strong presence in the service and support staff through formal and informal discussion. The service employs a skilled staff team who are appropriately trained to meet people's needs. Staff feel confident in their roles. We saw staff contributing to the wellbeing of people through warm and sensitive interactions. There is good governance by the RI which drives improvements and ensures people's needs are met.

The environment is spacious and there are several areas where people can socialise with others along with quieter areas where people can relax if they prefer. The service is well maintained and there are suitable procedures in place to maintain the health and safety of people.

## Well-being

People live in an environment that promotes their well-being. There are a number of communal areas within the service where people can relax and socialise if they wish. These areas were clean, clutter free and nicely decorated. There is a secure garden area people can access freely which has seating areas people can enjoy. We saw people making good use of this area and they told us they enjoy getting involved in the gardening and upkeep of this space. People told us that they can rest and feel safe and comfortable in their surroundings. The management team told us people's needs are assessed prior to moving in to the service to ensure that their needs can be effectively met. We saw records of these assessments in people's plans.

People have a voice and are treated with dignity and respect. During our visit, we asked people about their experience of living at Llys Gwyn House. They told us they were fully involved in their care and decisions about their day to day lives. They told us "*We get plenty of choices every day, what to eat, what to wear*". We saw positive interactions between staff and people and choices consistently offered. People told us "*They're like friends not staff, everything is easy and lovely*".

People's physical and mental health, along with emotional wellbeing is promoted. People are supported by a skilled and knowledgeable staff team. Where needed, assistance is sought from healthcare professionals. We saw records of appointments with health professionals in care files. We saw a weekly menu which was varied and balanced. People are also able to ask for other options that aren't on the menu. People told us they enjoy their meals. We saw records of regular weight checks, ensuring the ongoing monitoring of this. We saw visitors were welcomed and encouraged and family ties maintained. Family spoken with told us "*They look after her and she's happy with the care. They encourage her to do more than she previously did*".

People are safe and protected from harm and neglect. Staff are recruited safely, and appropriate background checks are completed before they start employment. Staff receive safeguarding training and those spoken with showed good knowledge of their responsibilities around this. There are policies and procedures in place to ensure the service is run effectively. Staffing levels are appropriate and are reviewed as people's needs change. Routine health and safety checks are completed by the maintenance person and the environment is kept clean and clutter free. The service is secure, and visitors are asked to sign a visitors' book upon entry.

## Care and Support

People are supported well with personal plans and risk assessments that reflect their needs. The personal plan is completed using information gathered from an initial needs assessment, with involvement from the person and their families or representatives. There are risk assessments in place which correspond to the personal plan. These are reviewed routinely along with the personal plan. People spoken with and their families told us they are involved in the review of their personal plan and are regularly kept updated. This was not fully captured in the documentation seen and was discussed with the manager of the service. They agreed to record all involvement from people and their families in future reviews. Care logs are completed daily by staff. These would benefit from being more detailed. This was discussed with the manager who agreed to address it.

People can do things that matter to them when they want to do them. We saw an activity planner with a range of activities available. We saw staff encouraging people to engage in these activities. People told us they can take part in a variety of activities, and we saw people enjoying these, and engaging with each other, staff and visitors.

There are systems in place to safeguard people using the service. Staff receive safeguarding training and those spoken with have good knowledge of their responsibilities and how to report concerns they may have about people they support. There is a safeguarding policy in place which is reviewed as required. Deprivation of Liberty Safeguards (DoLS) are in place and up to date for people who do not have the capacity to make decisions about their accommodation, care, and support.

Overall, there are safe systems in place for the management of medication and people's health is promoted by good practice. We saw medication is stored securely in a locked trolley which is secured to the wall when not in use. We saw a good history of daily temperature checks, and these were seen to be in the correct range. This ensures medication is stored safely. Medication Administration Records (MAR) are completed appropriately. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff who administer medication are trained and deemed competent to do so. There are appropriate medication policies and procedures in place which are reviewed annually.

## Environment

Care and support are provided in a location and environment that promotes achievement of personal outcomes. The service is warm and nicely decorated. We saw all areas to be clean and uncluttered. The service is large enough to give people a choice of where they wish to spend their time. There are several communal areas in the service where people can socialise along with quiet areas where people can relax if they wish. We saw people comfortable in their surroundings and engaged in conversation with each other, staff, relatives and visiting professionals. We saw people's bedrooms are decorated according to individual preferences and personalised to their tastes. People can freely access a secure outdoor space, and we saw people enjoying this area. There is additional outdoor space which people are supported to make use of. We were told there are plans for future work to be done to this area.

Adaptations and equipment are available where needed. We saw that manual handling equipment is available and regularly maintained and serviced. There is a maintenance person employed by the service who ensures routine checks and maintenance issues are completed. The environment is well maintained, and any repairs or redecoration needed are documented and completed in a timely manner. We saw there is ongoing investment and refurbishment of the property.

The service provider has procedures in place to maintain the environment and mitigate risks to health and safety. The service has a keypad entry system in place and a visitors' book. This is to ensure the safety of people is maintained and to comply with fire regulations. We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. A fire drill had taken place recently. Weekly water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for people. Laundry facilities are kept in a separate locked room and away from food preparation areas. The home has a current food hygiene rating of 5 (very good). The kitchen staff demonstrated good knowledge of people's dietary needs and requirements. We saw appropriate storage and control of substances hazardous to health (COSHH). These were kept in a designated locked area and risk assessed. Window restrictors are needed in two upstairs areas. This was discussed with the manager who confirmed it would be addressed immediately.

## Leadership and Management

The provider has governance arrangements in place to ensure the smooth operation of the service. We saw the RI is in regular contact with the service and meets with people, their families and staff to gather feedback about the service. This is then used to inform any developments or improvements needed. We saw the recent bi-annual quality of care report which includes feedback from people and staff in the service. The report describes what the service is doing well and includes further improvements for the future.

The service provider has oversight of financial arrangements and investment in the service. The environment along with fixtures and fittings, is clean and well maintained throughout and there is continual updating and refurbishment of the service. Projects are either planned or in progress. The management team told us that staffing levels are kept under review as people's needs change. On the day of inspection, staffing levels appeared appropriate and staff had time to attend to people's needs. Staff told us that they feel there are sufficient staff on each shift to meet people's needs.

People receive care and support from a committed and competent staff team who have appropriate knowledge and skills. We sampled five staff files and saw robust recruitment and background checks are in place. Disclosure and Barring Service (DBS) checks are in place and renewed within the correct timeframes. We saw that staff are registered with Social Care Wales (SCW) or working towards this. Staff attend a range of mandatory and service specific training. Training is a mix of online and face-to-face training. Moving and handling training is up to date and staff attend the All Wales Moving and Handling passport course.

The service has a committed staff team who feel supported in their roles. All new staff complete an induction when they start employment at the service. Staff supervision and appraisal are completed within regulatory timeframes. Staff meetings are frequently held, and staff told us these are two-way discussions and they are given the opportunity to contribute. Many of the existing staff team have worked in the service for several years. This means people benefit from a consistent staff team. Staff spoken with told us *"I feel very supported and management guide us"* and *"we have a very positive team culture"*.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A



	inspection	
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