



# Inspection Report on

**Cwrt Enfys Care Home**

**Gorof Road  
Lower Cwmtwrch  
Swansea  
SA9 1DU**

## **Date Inspection Completed**

21/03/2024

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## About Cwrt Enfys Care Home

|   |   |
|---|---|
| Type of care provided                                 | Care Home Service<br>Adults With Nursing  |
| Registered Provider                                   | Silvercrown Care Homes (Swansea) LTD  |
| Registered places                                     | 99  |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | 15 February 2023Click or tap here to enter text.  |
| 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

People are treated with dignity and respect at Cwrt Enfys, but some improvements are required. People have support to stay as healthy as possible. Systems are in place to help protect people from abuse and neglect. Detailed care documentation is in place to support care staff to meet people's needs. People benefit from a balanced diet and varied menu. Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Systems are in place to facilitate the safe management and storage of medication. People live in an environment which supports their well-being, with the service being clean, pleasant, and safe. The service is well led, with very good governance, auditing, and quality assurance arrangements. The service ensures staff are recruited safely and are suitably trained. Care staff generally feel positive about working at the service and feel supported in their role.

## Well-being

People are generally treated with dignity and respect at Cwrt Enfys, but some improvements are required. People and their families praise the conduct and approach of staff. Care staff know the people they support well, telling us information about them which corresponds with their care files. The service employs a team of activity coordinators, who arrange and engage people in a variety of activities. This is an extremely positive and important resource which enhances and promotes people's well-being. The service has very good relationships with relatives, who keep them informed, updated, and involved in their relatives' care. Friends and relatives can visit when they wish.

People are supported to stay as healthy as possible. Issues are reported and referred promptly to the relevant health and social care professionals, with subsequent guidance acted upon. Staff have access to personal plans that are detailed, outcome-focused, and reviewed regularly. Meal options are balanced, and dietary needs are understood. People receive their prescribed medication as directed. Infection control measures help reduce and contain potential sources of infection.

People live in an environment which supports their well-being. Cwrt Enfys is a purpose-built home for older people and their associated needs, including people experiencing dementia and nursing needs. Bedrooms are comfortable and personalised, with sufficient communal and bathroom areas and access to outdoor areas. The home is clean and well-maintained. Suitable mobility aids are in place to help people where needed.

Systems are in place to help protect people from abuse and neglect. Policies and procedures help support staff to ensure people are safe. Care staff understand their safeguarding responsibilities and how they should respond to potential issues. They feel confident if they raised an issue with the manager, it would be responded to appropriately. Recruitment is effective and ongoing training and supervision supports continued development. Incidents and accidents are logged, with actions taken by the service in response. Risks to people are assessed, and management plans in place. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. Access to the service is restricted to authorised individuals.

## Care and Support

People receive kind and compassionate care and support throughout most of the service, but some improvements are needed. We saw many interactions between care staff and people are warm, relaxed and empowering. People appear well cared for and generally settled in their environments. People told us they were happy with the support they receive and told us staff are “*very good*”. We received very positive feedback from people’s families, telling us “*the carers do an excellent job, I don’t think I could do it*”, “*they’re safer now than when they were at home*”, “*staff go the extra mile*”, “*I feel they genuinely care*”, and “*I find them so friendly*”. However, we also saw several examples of poor practice. This includes care staff not actively engaging with people when supporting them, leaving people for a considerable amount of time between preparing for a meal and having the meal, not answering calls bells within a reasonable amount of time, and using poor terminology to refer to people. We also saw recording charts do not always show people receiving support as directed in their personal plan, although significant improvements have been made in this area since the last inspection. We advised these issues constitute an area for improvement and expect the provider to take timely action to address.

Detailed care documentation is in place to support care staff to meet people’s needs. The service is proactive in assessing needs and ensuring people are provided with the right care and support. Personal plans are outcome-focused and detail the type of care and support people need and how best to deliver this. Accompanying risk assessments are in place, for example where someone’s skin is at risk of breakdown. Plans are reviewed regularly and involve people and/or their representatives, which is an improvement acted upon since the last inspection. Appropriate referrals to external health professionals are made. The service acts on recommendations and directions given, incorporating this into personal plans. Deprivation of Liberty Safeguard (DoLS) applications are 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. The service is exemplary in its management of DoLS and how this is incorporated into people’s plans.

People benefit from a balanced diet and varied menu. We saw a variety of options on the menu, with people offered alternatives if needed. People have drinks to help keep them hydrated throughout the day and are supported at mealtimes when required. Dietary needs and preferences are understood and available to kitchen staff, who told us about some people’s specific needs. This information corresponded with information in people’s personal plans.

Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE. An infection control

policy is in place which staff are aware of and understand their responsibilities. Daily cleaning schedules are in place. Laundry routines help reduce the risk of infection.

Systems are in place to facilitate the safe management and storage of medication. Medication is stored securely and can only be accessed by authorised care and nursing staff. Records show staff administer medication in line with the prescriber's directions, being free from gaps or errors. Staff receive training in how to manage and administer medication. The service has an up-to-date medication policy. Medication is regularly audited.

## Environment

The environment is clean and suitable for people's needs. Cwrt Enfys comprises a main building with two living environments, Ty Enfys and The Woodlands, where nursing care is provided, and an adjoining smaller building, Enfys Fach, where residential care is provided. The service is clean, tidy, and free from malodours. It is secure from unauthorised access, with visitors required to sign before entry and upon leaving.

Bedrooms are comfortable, individualised to people's tastes, helping to promote a feeling of belonging and familiarity, and are equipped with ensuite toilet facilities. Each community has a lounge and dining area where people can choose to spend their time. There are sufficient bathing facilities throughout, with mobility aids and equipment in place when needed. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5, which means they are 'very good'. A garden area in a central courtyard of the main building has seating and is available for people to use, with a patio area available in the Enfys Fach community.

The service takes measures to ensure a safe environment. Substances hazardous to health are kept in locked storage, in line with Control of Substances Hazardous to Health (COSHH) regulations. Window restrictors are fitted in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning and laundry duties are maintained, with the home being very clean. There are maintenance and repair arrangements in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal emergency evacuation plans are in place to inform staff of the level of support people need in the event of an emergency.

## Leadership and Management

The service is well led. Very good governance, auditing, and quality assurance arrangements are in place, providing management oversight and identifying where improvements may be needed. The Responsible Individual (RI) undertakes the required three-monthly service visits to meet and consult with people and staff. The RI also completes six-monthly quality of care reviews, analysing the service and providing the overarching direction. The service is extremely open and transparent, making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences that take place. Up-to-date policies and procedures, such as for complaints, medication, whistleblowing, and safeguarding, are in place. The service gathers the views of people, relatives, and care staff. Procedures are in place to deal with complaints.

The service ensures staff are recruited safely and are suitably trained. Staff files show the correct recruitment arrangements are used and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and evidence of proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales, with nursing staff registered with their professional regulatory body. Training records show care staff have training in core areas of care, with additional training for specialist areas relevant to people who live at the service also in place. Care staff told us they feel well trained and able to perform their duties safely and effectively.

Care staff generally feel positive about working at the service and feel supported in their role. They told us *“it’s a lovely place to work”*, *“it’s a nice environment”*, and *“I can’t say a bad thing”* about the managers, who are *“definitely approachable”*. Staff told us the team feels well-settled, with a low turnover of care staff contributing to continuity of care. Care staff receive regular supervision and yearly appraisals to reflect on their performance and professional development, identify support they might require, and discuss any issues. Care staff understand their roles and duties in relation to key areas of care, such as safeguarding and infection control. Staffing levels are worked out based on people’s needs and the use of a dependency tool. The rota showed target staffing levels are being met and was reflective of staffing on the day.



### 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 |
|------------|---------|--------|
|------------|---------|--------|

|    |  |          |
|----|--|----------|
| 21 | The service does not always ensure care and support is provided in a way which protects, promotes and maintains the well-being of individuals.   | New      |
| 16 | Reviews of personal plans do not always include a review of the extent to which the individual has been able to achieve their personal outcomes. | Achieved |
| 16 | There is not any evidence to show the service provider involving the individual or representatives in reviews of personal plans.                 | Achieved |
| 21 | Care and support is not always provided in accordance with people's personal plans.  | Achieved |

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