



## Inspection Report on

**Swn Y Wylan**

**Colwyn Bay**

## **Date Inspection Completed**

14/10/2024

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## About Swn Y Wylan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Coed Du Hall Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	18 November 2022
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 happy living at Swn y Wylan and are supported by kind, responsive and skilled care staff who know them well. Care staff provide positive reassurance and interaction and support people to make choices about their daily lives. Personal plans are person-centred, detailed, reflect people's needs and are reviewed regularly. Care staff support people to take part in activities they enjoy.

Staff feel well supported by Management and are provided with training to meet people's needs. There are good governance arrangements in place with the Responsible Individual (RI) visiting the home regularly to oversee the management of the home and gather the opinions of people and relatives to help to improve and develop the service. Views and wishes of people are reflected in quality of care review reports. The environment is warm and homely, and the service is operating in line with the statement of purpose.

## Well-being

People have control over their day to day lives and feel they are listened to. They contribute to decisions that affect their life. Personal plans are written together with the person and clearly document people's preferences and strengths, informing care staff of what people can do for themselves. People say they like living at the service and can make choices on how they live their lives day to day, *"I love it here, I do the things I like"*. People and their relatives are involved with the improvement and development of the service, relatives have said *"Their views are always taken seriously and, where feasible, implemented"*. People have choices around food and activities on offer. Rooms are personalised, people are involved in decorating them to their own taste, with posters and other items reflecting hobbies and interests. Care records give care staff the detailed instruction required to support people accurately and reviews are carried out monthly, exceeding regulations. Care staff understand the non-verbal communication of people and communicate effectively with them. People have visitors coming to the home regularly and they have good relationships with other people they live with and care staff. The service is working towards the Welsh language 'Active Offer', with some Welsh speaking staff employed.

People are protected from abuse and neglect. Care staff receive training in safeguarding and there are policies and procedures in place which staff follow. Relatives have fed back to the service *"They are happy and content, which has far reaching effects for his family, knowing he is safe"*. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Bespoke and specialist training is arranged for staff when people's healthcare needs change. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible.

The lay out of the home supports people to achieve a good standard of well-being, the service has undergone a significant refurbishment since last inspection. People are encouraged to be independent with their strengths clearly documented in personal plans so care staff understand what people can do for themselves. People can get to all the rooms in the service safely and strategies for reducing the risk to people while they move around the service are sufficient. The manager has identified potential hazards and has taken steps to minimise risks to people.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. Pre-assessments take place before people move to the service and management consider whether people will be well-matched with people already living at the home when considering a new admission. People are encouraged to co-produce their personal plans and have choice over everyday decisions. Personal plans are person-centred, up to date, accurate and regularly reviewed with people. Reviews discuss what is going well, what is not going well and what changes people would like to be made. People sign to show their involvement in the review process. The service provider is taking steps to have all staff and managers trained in the 'outcomes star' so personal plans can be developed to become more outcome focussed. Robust risk assessments are in place and regularly reviewed or amended when people's need change. People receive care in line with their personal plans and risk assessments and care staff are kept informed of important updates through daily handovers. Care is provided in a responsive, warm-hearted and supportive way, *"I cannot speak highly enough the care they are receiving from everyone at the house"*. People have choices over what they eat, whilst a menu is in place, people are also supported to plan specific meals they would like to eat and prepare shopping lists to buy the ingredients. Dietary choices and specialist dietary requirements are well known, with care staff signing nutritional sections of personal plans to confirm their understanding.

People have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are updated to reflect professional advice and care staff access appropriate and specialist training as and when people's needs change.

Medication storage and administration practices in the service are good and keep people safe. Trained staff administer medication and their competency to do so is regularly assessed. Regular medication audits are carried out by management.

## Environment

People live in an environment suitable to their needs. The service provider has invested in the decoration and maintenance of the home to ensure it meets people's needs, with a refurbishment completed internally and externally since last inspection. Décor in the home is fresh, light and airy and bedrooms and communal areas are well maintained. There are communal spaces for people to use which allows people to choose where they spend their time. Those who prefer a calmer environment can sit in the quieter lounge or have privacy in their own rooms as they wish. Rooms are clean, tidy and personalised to people's own taste with belongings. People were involved with the refurbishment of the service. Visitors are required to sign in and provide identification on arrival at the service. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety. There are regular health and safety audits completed with actions dealt with swiftly by maintenance staff. This is monitored by management and the RI. The home has the highest food rating attainable. All routine health and safety checks for fire safety, water safety and equipment are completed and the required maintenance, safety and servicing checks for gas and electrical systems are all up to date.

## Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service in place. The RI visits the service regularly to inspect the property, check records and gather the views of people and staff. Reports relating to visits show in depth analysis of all aspects of the day to day running of the service, such as personal plans, medication administration and the outcomes of audits conducted by external professionals that have visited the service. The RI monitors the outcomes of actions identified during previous visits and ensures they are completed. Regular management audits are undertaken with action plans in place to address areas requiring attention. A quality of care survey is completed every six months, information gathered is analysed and areas for development of the service are identified. Clinical governance meetings take place, ensuring learning within the service is shared with other services overseen by the RI where appropriate. Meetings are held for residents to feedback to managers. In addition, the RI also gathers feedback directly from people using the service. The provider has submitted an annual return as required by Regulation. The service provider ensures people have access to a service user guide which is written in an easy read format.

People can be satisfied they will be supported by a service which provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. The manager has suitable numbers of staff on each shift to support people's needs and ensure they can do what they want when they want. New staff undergo thorough vetting checks prior to starting work in the service. Staff receive an induction specific to their role and management ensure staff receive the support they need through annual appraisals and one to one supervision meetings. Care staff state they feel well supported by the manager and have access to the training they need to meet people's needs, *"We have a lot of training. They make sure I have specialist training to really understand the needs of the person I am key worker to."* Training is provided to staff through a combination of face to face and online training. Training records are reviewed and updated to make sure they accurately reflect training compliance. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

### 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



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