



Inspection Report on

Y Plas EMI Care Home

**Y Plas E M I Nursing Home
619 Llangyfelach Road
Treboeth
Swansea
SA5 9EN**

Date Inspection Completed

29/02/2024

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About Y Plas EMI Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Endless Care Ltd
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	31.01.2023
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

Y Plas is a homely and welcoming service that provides care to adults who require support with nursing or personal care needs. The service encourages people and their families to be fully involved in their care and family ties are maintained wherever possible. There are up to date personal plans in place which reflect the person well. The service has a dedicated manager and staff team who are appropriately skilled and trained to support people to meet their care needs. Staff feel supported by the management team through formal and informal discussion and are confident in their roles. We saw warm and sensitive interactions between care staff and people, who looked relaxed and comfortable in their surroundings.

There are procedures and plans in place to maintain the environment and ensure that there is ongoing refurbishment within the property. The service is clean and uncluttered, and people's safety is promoted. There are good governance arrangements in place by the Responsible Individual (RI) to oversee the service and drive improvements to ensure people's needs continue to be met. There is a newly appointed knowledgeable manager in place who is committed to the development of staff and to the wellbeing of people.

Well-being

People have a voice and are treated with dignity and respect. People and their families are involved in their care, and personal plans reflect their needs well. Feedback from people and their families is positive and comments include *“They communicate with me well; they always keep me updated and chat with me”* and *“They maintain family ties and they involve me”*. We saw people receiving care from attentive and knowledgeable staff and people looked comfortable and relaxed. People’s bedrooms are personalised and decorated to individual tastes and preferences.

People are safe and protected from harm and neglect. Care 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.

People’s physical and mental health, along with emotional wellbeing is promoted. There is a qualified nurse on duty throughout the day and night to attend to any nursing needs. Where needed, assistance is sought from other healthcare professionals such as GP’s, occupational therapists, and mental health practitioners. We saw records of people being supported to attend healthcare appointments. On the day of inspection, we spoke with a visiting professional who felt that the management were very good and had been educating staff about people’s health needs. The manager is sourcing additional clinical training for nurses to enhance their skills and enable them to deliver a wider range of care for people.

There are governance and quality monitoring arrangements in place. The RI visits regularly and speaks with people, their families, and staff to gather feedback and insight about the service. Regulatory reports are completed within appropriate timescales and contain good, appropriate information. This informs the development of the service. The manager conducts regular audits and addresses any actions required to drive improvements. People, families, and staff feel that the RI and management team are approachable and will act on any concerns raised.

Care and Support

People are supported with personal plans and risk assessments that reflect their needs well. We viewed four care files and found personal plans are up to date and reviewed regularly to ensure they continue to meet the needs of people. Each plan also detailed the desired outcomes for people. Detailed risk assessments correspond with these plans and are reviewed routinely. Relatives told us that they are involved in the development and review of these plans and are regularly consulted by the service, however, this was not fully captured in the documentation seen. This was discussed with the manager who agreed to record family involvement in reviews going forward. Care logs seen were often vague and would benefit from having more detailed information. This was discussed with the manager who agreed to address it.

People's wellbeing is promoted through considerate and warm interactions. We saw care staff provide support in a respectful and dignified manner. All interactions seen were positive and people appeared relaxed as they interacted with care staff. Relatives spoken with told us that they are happy with the care and that family involvement is welcomed and encouraged. We were told *"I know she is happy because she's smiling and looks happy"* and *"they look after him and they just do it naturally"*. We were told that specialist input from the occupational therapist team had been sought by the provider. As a result, people can achieve personal outcomes and their independence is maximised as much as possible.

There are systems in place to safeguard people using the service. Care workers 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 and reflects the Wales Safeguarding procedures. 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, the service has safe systems for medicines management. There is an appropriate medication policy and procedure in place for medicines management which is reviewed annually. Medication is stored appropriately in a secure locked room or in locked medication trolleys secured to the wall. We saw a good history of medication room and fridge temperature checks which were within a safe range. The manager completes monthly medication audits and we saw evidence of required actions being addressed in team meetings. Medication is administered by registered nurses or care staff who have received appropriate training.

Environment

Care and support is provided in a location and environment that promotes achievement of personal outcomes. Y Plas is a homely and welcoming service which is set over several floors with lift access. We found all areas of the service to be clean and clutter free. There are communal areas available, and we saw people making good use of these. We saw people's bedrooms are personalised and decorated to individual tastes and preferences. Where needed, relevant adaptations and equipment is available to meet people's needs. Relatives spoken with told us *"I requested specialist equipment to help improve X's independence, and it was sorted out"*. Another relative said *"they're going to move him to a bigger room which I requested for him because I think it'll suit him better"*.

The manager discussed with us their plans for refurbishment and redecoration. There is a full-time maintenance person employed who told us that there are continuous efforts to keep the service in a good state of repair. Since the last inspection, a full electrical rewiring of the property is underway, and the outside driveway has been resurfaced. The manager told us of further plans to install new carpets in the service and renovations are planned to improve the front of the property.

The service provider has procedures in place to maintain the environment and mitigate risks to health and safety. 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 recent fire risk assessment has been completed, with some actions raised. This was discussed with the manager who agreed to complete these actions as a priority. Weekly water temperature checks are taken and documented. Personal Emergency Evacuation Plans (PEEP's) are in place for people. The home has a current food hygiene rating of 5 (very good). Laundry facilities are kept in a separate locked room and away from food preparation areas. We saw appropriate storage and control of substances hazardous to health (COSHH). These products were kept in designated locked cupboards and are appropriately risk assessed. There is a keypad entry system in the service to prevent unplanned visitors and a visitors' book in place. We saw staff wearing appropriate personal protective equipment (PPE) and they told us there were sufficient supplies of these.

Leadership and Management

The provider has good governance arrangements in place to ensure the smooth operation of the service. The RI visits the service regularly and speaks to people, their families, and staff to gather feedback to inform any required improvements. The quality-of-care review carried out by the RI shows good oversight and governance. There is a new manager in place who has good knowledge and experience of the service and shared with us their plans to make improvements. The manager conducts regular audits including medication, housekeeping, and moving and handling equipment. We saw any actions raised during these audits are addressed. Staff and relatives spoken with were complimentary of the management of the service. They told us they are *“good as gold”* and *“very friendly and approachable”*.

The service provider has good oversight of financial arrangements and investment in the service. There is an ongoing refurbishment plan in place and larger renovation projects are either in progress or planned. Staffing levels on the day appeared appropriate and we saw staff had enough time to attend to people’s needs. Staff told us they feel there is enough staff on duty to meet people’s needs and this is reviewed as people’s needs change.

People receive care and support from a competent staff team who have appropriate knowledge and skills. We saw the training matrix which shows good levels of up-to-date training and highlights any ongoing training and development needs for staff. A wide range of mandatory and specialist courses are available for staff. Specialist courses include dementia care and falls awareness. Dates have been allocated to those staff who require training or refresher courses. The manager told us of their plans to seek further clinical training for nursing staff such as venepuncture and catheter training. Training certificates are available in staff files. Staff spoken with told us *“We have a lot of training opportunities and can always ask for more if we need it”*.

The service has a committed staff team who feel supported in their roles. We sampled four staff files and saw robust recruitment and background checks in place. Disclosure and Barring (DBS) checks are completed and renewed when required. Care staff are registered with Social Care Wales (the workforce regulator) or working towards registration. All nursing staff have up-to-date visible PIN numbers in their personnel files. Staff receive regular supervision and attend monthly team meetings. Annual appraisals are not up to date, but the manager assured us that they are already aware of this and will be promptly addressing this issue. Staff told us they are very much supported and can speak to the management team about any concerns they may have and are confident that this will be dealt with.

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. 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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N/A	No non-compliance of this type was identified at this inspection	N/A
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