

Inspection Report on

WAM Care Homes Ltd.

Ty Mair Care Home 12 Pen Y Gaer Cottages Llanelli SA14 8AG

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

12/02/2024



About WAM Care Homes Ltd.

Type of care provided	Care Home Service
	Adults With Nursing
Registered Provider	WAM Care Homes Ltd
Registered places	74
Language of the service	Both
Previous Care Inspectorate Wales inspection	06/11/2023
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

This was a focused inspection to review improvements made against the outstanding priority action notices and Improvement notice.

People are happy living at Ty Mair (WAM Care Homes Ltd). Care staff and nurses are enthusiastic, treat people with dignity and respect and say they feel well supported.

People can choose where to spend their time each day, this could be in their own rooms or with others in a range of communal areas. People's family and friends visit the home frequently and take part in activities whilst visiting.

People live in an environment where communal areas are well maintained and welcoming, with décor to make it feel homely and inviting. There have been great improvements to the bedroom corridors. People, where possible, have been involved in the process to personalise corridors and the indoor environment to help them orientate.

There have been improvements to the oversight and monitoring of the service by the responsible individual (RI), systems are in place to monitor, audit and improve the service. A priority action notice was issued at the last inspection, the provider has made the improvements required.

Well-being

This was a focused inspection looking at specific areas, therefore not all areas are covered in detail.

People's opinions about their care and support are listened to and staff are aware of the importance of each person's well-being. People and /or their representatives are involved in the development and reviewing of their personal plans where possible, and this is documented. People have the information they need such as the service user guide and complaints procedure. There are systems in place to monitor and record concerns and complaints and any actions taken by the provider.

People can be assured that the quality of the service is maintained and reviewed, to ensure best possible outcomes for people. There have been improvements in the oversight and monitoring of the service by the Responsible Individual (RI), systems have embedded into practice to audit, monitor and review the service. Clear action plans have been developed from these and progress against actions are monitored and updated. A priority action notice was issued at the last inspection. The provider has taken the action required and improvements have been made.

The service provides the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it – there are people in the home who are Welsh speakers as well as some staff.

Care and Support

This was a focused inspection looking at specific areas, therefore not all areas are covered in detail.

Staff personnel files show the provider has implemented rigorous recruitment processes. The training information provided shows staff are up to date with mandatory training and training is booked for those who need it. Also, staff receive specialist and/or person specific training to ensure they have the skills and knowledge to support individuals with all their needs. The development and embedding of systems to monitor, audit and improve the service by the RI and manager have improved the outcomes for people living in the home.

The provider has detailed policies and procedures to manage the risk of infection. There are good hygiene practices throughout the service and care staff can refer to infection management policies when necessary.

Environment

This was a focused inspection looking at specific areas, therefore not all areas are covered in detail.

The environment is warm and clean, and people say they feel comfortable and happy. The facilities and equipment promote people's independence as much as possible. The wide corridors help people with reduced mobility and accommodate the equipment people regularly use, such as hoists and standing aids.

People can access communal gardens when weather permits. These have seating areas and shade so people can socialise in comfort. We saw raised planters for people to be able to access and get involved in gardening.

The environment is safe. Fire exits are free of obstructions. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002. There are clear instructions displayed in the home on what to do in the event of a fire.

People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry. Personal plans, employee personnel records and Deprivation of Liberty Safeguards (DoLS) records are securely stored in a locked office and only available to those who are authorised to view them.

Leadership and Management

People can be assured the leadership and management team have the required qualifications, experiences and are registered with the relevant professional bodies. All staff have an induction into their individual roles and have shadowing sessions to build knowledge and relationships with people. The Induction program is an area that the manager will be reviewing and developing in the future.

The RI has completed the six-monthly quality of care report and three-monthly RI visits. There have been improvements made in the monitoring and oversight of the service, this included monitoring of falls, accidents/incidents, complaints/concerns, safeguarding referrals, personal plans, staff files, training records etc. Systems have been fully implemented and reviewed by the RI. The RI reviews information and determines actions to continually improve the service. A priority action notice was issued at the last inspection. The provider has taken the action required and improvements have been made.

Employment information is now consistently processed and recorded. Staff files checked contained the information required and were up to date. Staff have completed mandatory training as well as specialist, person specific training to ensure they have the knowledge and skills to provide the care and support people require. Any training needed has been booked or is being booked awaiting dates. Supervisions are up to date, and we saw a clear plan of future supervisions for staff.

Care staff recognise their responsibilities in keeping people safe. They are aware of the whistleblowing procedure and reporting concerns. The RI and manager have systems in place to monitor complaints and concerns and have good oversight of what actions have been taken and what is needed to be done.

The new manager and deputy managers told us they have good support from the RI and have regular meetings with the RI to discuss what is needed. The manager has had supervision, these have been clearly recorded and filed as required.

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	
66	The provider has not demonstrated that they have oversight of the management of the service, or ensured that people, staff, families and visiting professionals have the opportunity to have their voices and opinions heard. They have also not acted accordingly to concern or complaints and have broken confidentiality when dealing with concerns raised by external parties.	Achieved	

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

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