



# Inspection Report on

**Celtic Dawn Care Home**

**Swansea**

## **Date Inspection Completed**

05/04/2023

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## About Celtic Dawn Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Celtic Care (Swansea) Ltd
Registered places	2
Language of the service	English
Previous Care Inspectorate Wales inspection	23 November 2021
Does this service provide the Welsh Language active offer?	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

Celtic Dawn Care Home is situated in a mid-terrace house in a residential area about ten minutes north of Swansea City centre. People and their relatives are happy with the care and support provided at Celtic Dawn Care Home. They live in a homely environment that is warm, clean and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs. People have detailed personal plans in place, and these are written with people to help them set their own goals and timescales.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care workers receive appropriate training, support and staff supervision and appraisal meets regulatory requirements. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities.

The service provider has developed systems to enable them to capture people's views and has systems to develop person centred information. The new management team have put checks and processes in place to keep service delivery under constant review.

## Well-being

People and their relatives are happy with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, "*they're great fun*" and "*they are good to me.*" A relative commented "*The care is their foremost concern*" and "*I don't have to worry about a thing.*" Records show people are offered choices to make everyday decisions. The responsible individual (RI) told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. Celtic Dawn Care Home has a robust safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Celtic Dawn Care Home.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. Throughout our visit we observed activities taking place facilitated by care workers. People told us they enjoy taking part in a variety of activities such as arts and crafts, having a singalong and community activities such as attending clubs. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required. The environment is clutter free and hazards are reduced as far as practically possible.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

## Care and Support

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is very clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

People are provided with the care and support they need. We examined a sample of care files, which contained initial assessments and personal plans which are regularly reviewed. There is a care planning system in place providing personal plans for all aspects of the individuals' physical, mental, and emotional wellbeing. Person centred information such as life history is in place and referrals for advice and professional help regarding health services are sought as needed. Monitoring of activities was in place with information available to staff.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. People told us they enjoy taking part in a variety of activities. Records show people have access to local community facilities and clubs. A relative commented *"My relative is supported to attend social events and is planning a holiday with staff support."*

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are accurate. We saw medication was kept in a secure locked cabinet in a bedroom. A record is kept of the temperature and is monitored to ensure safe storage of medication. Records of appointments with medical professionals were seen in hard copies in care files.

## Environment

The accommodation is homely, comfortable and benefits from sufficient quality decor and furnishings. We observed the environment to be free of clutter throughout the home. We saw people sitting in the lounge on the ground floor and sitting in the comfort of their bedrooms. Bedrooms were personalised and the manager told us of signage on doors for people to orientate themselves being developed.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is managed by the maintenance officer at the home. The sample of two bedrooms viewed both had bedroom doors which were lockable. This ensures that individuals are treated with respect and sensitivity.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. We discussed with the manager the oversight of health and safety which is being further developed with regular audits of the environment already taking place. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible. We discussed with the manager the need to ensure that fire safety checks such as checks of emergency lighting, portable fire extinguishers and fire alarm system are kept up to date.

The laundry room is well organised and has a single entry and exit doorway. Appropriate systems are in place and all laundry equipment is in working order. There is an area with cupboards with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

## Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. However, we discussed with the RI the need for the Service User Guide being developed to make it an easy to read document with advocacy information. We saw policies and procedures are in place and updated but the Complaints Policy and Procedure and the Infection Prevention and Control policy need date of development and review added which was discussed with the manager.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. The RI visits the home regularly and meets with people and staff. We viewed the latest quality monitoring report, which shows the provider asked for people's feedback and that recommendations for improvements were implemented. We saw evidence the RI has oversight of the service and the service manager conducts a quality assurance system to ensure quality care is delivered. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as *"Refurbs have taken place in all three Homes and will continue throughout the next two years. Holidays for service users are planned regularly as are short breaks etc. Some with assistance financially from the Company. We plan over the next 2 years to change the company cars."*

There are enough staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available, and this was seen during our inspection. People living at the home told us *"There are always plenty of staff here"* and a relative commented *"there are more than enough staff on duty."* Staff recruitment pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision, appraisal and training is sufficient. The manager informed us that training was in the process of being updated to ensure all staff have completed the appropriate training required and the one outstanding remaining staff member who is in the process of applying is registered with Social Care Wales.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
59	The service provider has not ensured a record of a serious incident was completed for retention at the service.	Achieved

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