



## Inspection Report on

**Cwrt Enfys Care Home**

**Cwrt Enfys Care Home  
Gorof Road  
Lower Cwmtwrch  
Swansea  
SA9 1DU**

**Date Inspection Completed**

10/02/2023

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## About Cwrt Enfys Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Silvercrown Care Homes (Swansea) LTD
Registered places	99
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">8 February 2022</a>
Does this service provide the Welsh Language active offer?	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 receive good care and support at Cwrt Enfys Care Home. People told us they are happy living there, we saw people settled and at ease in their environment, and relatives told us they are very satisfied with the support people receive. Care staff are compassionate and respectful and enjoy working for the people at the home. The service has systems to ensure care and support is of a good standard. People benefit from individualised and current personal plans which are reviewed regularly. Reviews of personal plans do not always show how people are involved in their reviews, nor how far their outcomes have been achieved. People do not always receive support as regularly as detailed in their personal plan. Management is visible and engaged in the running of the service, with policies and procedures in place to help protect people from harm or abuse. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean and homely. Infection control measures are of a good standard. Care staff are recruited following robust recruitment checks, receive regular supervision and training, and feel supported in their work.

## **Well-being**

People are treated with dignity and respect at Cwrt Enfys Care Home. People tell us they are well-settled, with their wishes and views respected. People's relatives highly praised the quality of care and support at the service. People can raise issues or make requests, and these are generally responded to. The home has good relationships and lines of communication with relatives, who told us staff keep them informed and updated. Friends and relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The home liaises with external health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans reflecting direction given. Personal plans are sufficiently detailed and are reviewed regularly. Meals look appetising and portions are appropriate. The home has a sufficient supply of personal protective equipment (PPE) and we saw this being used appropriately. We saw the management of medication is safe and in line with the medication policy.

People live in an environment that supports them to achieve 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. Suitable mobility aids are in place to help people where needed. We saw people were relaxed and comfortable in their environment. The home is clean and well-maintained.

There are systems in place to help protect people from abuse and harm. Ongoing training ensures care staff are sufficiently skilled. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. Pre-recruitment checks are robust and regular supervision supports continued development. Incidents and accidents are logged, and appropriate actions taken by the service. The service meets the legal requirements about submitting notifications to Care Inspectorate Wales (CIW).

We were told the home could not always provide a service to people in Welsh at the time of the inspection but could make efforts to facilitate support in Welsh if needed, with many staff able to speak Welsh.

## Care and Support

We saw warm and positive care and interactions between care staff and people. People appeared well cared for and appropriately dressed. We spoke to people who told us it was a “*very good place*”, it’s “*exceptional*”, the staff are “*lovely*”, and they feel safe. People’s families told us they are “*hundred percent happy*”, the service is “*outstanding*” and “*ten out of ten*”, and staff are “*enormously patient*” and “*like another family*”.

Care staff have up-to-date knowledge of people’s needs. Personal plans are individualised, detailed, and outcome focused. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. We saw plans are reviewed regularly and updated accordingly where necessary. We did not see evidence that reviews are undertaken with people or their representatives, nor that people’s outcomes are always reviewed. We saw that people did not always receive care and support as regularly as detailed in their personal plans. We advised these are areas of improvement, and we expect the provider to take timely action to address these. We viewed evidence of appropriate and timely referrals to health professionals, with recommendations and direction acted upon by the service. Deprivation of Liberty Safeguard (DoLS) authorisations are in place 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.

People benefit from a balanced diet and varied menu. On the day of inspection, we viewed a variety of options on the menu, with people offered alternatives if needed. We saw evidence of people having drinks to help keep them hydrated and observed them being supported at mealtimes. Dietary preferences are understood and available to kitchen staff.

There are good infection control measures in place to help reduce the risk of transmission of COVID-19 and other potential sources of infection. Staff have access to a large supply of appropriate PPE. There is an infection control policy in place. Domestic staff have daily cleaning schedules, which we observed during the inspection.

There are systems in place for the management of medication. Medication is stored securely and can only be accessed by authorised care and nursing staff. Records show that staff administer medication in line with the prescriber’s directions and were free from gaps or errors. Nursing and care staff receive training in how to manage and administer medication. The home has an up-to-date medication policy in place. Medication is audited regularly.

## **Environment**

People's wellbeing is enhanced by living in an environment that is clean, safe, and suitable for their needs. Cwrt Enfys is a purpose-built home, comprising a main building with two living environments where nursing care is provided, and an adjoining smaller building, Enfys Fach, where residential care is provided. The home is located near Ystradgynlais. The home is secure from unauthorised access, with visitors required to sign on entry. Bedrooms viewed are of a good size and comfortable, with ensuite toilet facilities. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. Each living environment has lounge and dining areas where people can choose to spend their time. There were sufficient toilet and bathing facilities available at the home. Each living environment has a dining area, where people can choose to have their meals. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5. 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 home environment is safe. Substances hazardous to health are stored in locked cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There are window restrictors in all bedrooms and bathrooms viewed. We saw fire exits were clear of clutter and obstructions. There were no obvious trip hazards. Daily cleaning and laundry duties were being maintained, with the home being very clean. There are maintenance and repair arrangements in place, which we saw evidence of. 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 evacuation plans enable staff to understand the level of support people require in the event of an emergency and are easily accessible in an emergency.

## **Leadership and Management**

People are supported by a team of care staff who are recruited safely. Staff files viewed show appropriate recruitment arrangements and contain all legally required information. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Training records show care staff have up to date training in core areas of care. Additional training for specialist areas relevant to people who live at the service is also in place. While the service experiences the sector-wide pressures on recruitment, we saw evidence of ongoing efforts to recruit more staff, with the recent recruitment of permanent staff leading to less reliance on agency staff.

Care staff feel supported in their role. They told us they “enjoy” and “love” working at the service, they feel part of a “*helpful and supportive*” staff team and feel supported by their manager. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people’s level of need and numbers of people living at the home, and we saw evidence of this being kept under regular review. The rota showed target staffing levels were being met and was reflective of staffing on the day.

Governance, auditing and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI has good oversight of the service. We saw evidence of the RI undertaking the legally required three-monthly service visits and six-monthly quality of care reviews. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints and address them.

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
35	There is no system in place to ensure all Disclosure & Barring Service (DBS) checks are carried out on all staff on a 3-yearly basis. The service needs to ensure that there is an appropriate system in place to ensure that either all staff have their enhanced DBS renewed on a 3 yearly basis, or staff are registered on the online DBS update service which is then checked annually by the provider.	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
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.	New
16	There is not any evidence to show the service provider involving the individual or representatives in reviews of personal plans.	New
21	Care and support is not always provided in accordance with people's personal plans.	New
36	Not all staff members received a 3-monthly supervision and an annual appraisal. Ensure all staff receive regular supervision and annual appraisals.'	Achieved
36	There were gaps in staff training records in relation to mandatory training. Ensure staff complete training in relation to health & safety, safeguarding adults & infection control.	Achieved
21	People at risk of developing pressure areas did not always have the appropriate (SSKIN Bundle) monitoring documentation in place. The service to ensure they evidence that regular checks are being carried out by staff.	Achieved

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