



## Inspection Report on

**Awel Y Mor**

**Saundersfoot**

## **Date Inspection Completed**

04/01/2023

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## About Awel Y Mor

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pembrokeshire Resource Centre LTD
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">[Manual Insert] 29/10/19</a>
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People like their home, which is safe, secure and homely. They express their views and have opportunities to influence their care. They have positive relationships with care staff who are highly committed and know them well.

The processes prior to people coming to live at the home need some improvement as do people's personal plans. Plans and risk assessments provide guidance for care staff and the least restrictive measures are used to manage distress behaviours.

People are getting out into the community to do the things they enjoy but the frequency and variety of activities can be affected by staffing shortfalls. Overall, people are supported to be healthy, they are safeguarded and they see their families regularly.

Some people are making significant progress towards independent living and all people are encouraged to practice daily living skills.

Despite the efforts of a committed staff team there are significant staffing shortfalls and frequent periods of time in the evening when care staff are lone working and responsible for caring for two or sometimes three people.

Quality assurance measures are in place and the responsible individual (RI) visits the service regularly, however, the inspection did identify a number of areas for improvement which require responsive action. The six-monthly quality of care reports require improvement, and overall, a more robust oversight of the service is needed to ensure the service is meeting regulations and ensuring the safety and well-being of both people and care staff.

## Well-being

People are listened to. Throughout their day people make choices about their clothes, food and activities and more formalised consultation processes provide an opportunity for people to express their views about the service they receive. People personalise their rooms and they are encouraged to contribute their views at regular house meetings. Care staff understand people's changing needs in relation to their capacity and modify their responses in line with this.

Overall, people are supported to be healthy. People are encouraged to eat healthily and to take exercise, although staffing short falls can affect the regularity and type of activities people take part in. People are supported to attend regular health appointments and care staff recognise when people are becoming anxious or distressed and know how what to do to support them. Managers take responsive action when changes occur in people's behaviour and some people experience significant improvements in their mental health.

Suitable safeguarding measures are in place. People are supported by care staff who are trained and competent in their understanding of their safeguarding responsibilities. Incident reports show care staff use the least restrictive measures to manage distress behaviours and people have advocates and see their families regularly. People communicated to us they felt safe at the home and people's Deprivation of Liberty (DoLS) assessments are updated or followed up by the manager.

People like their home and it is meeting their needs. There are suitable spaces for people to mix or have time alone and the refurbished garden area provides an inviting outdoor space. The lounge is homely and the kitchen and laundry room enable people to practice daily living skills. People's bedrooms reflect their personalities and regular checks ensure the home is safe and secure.

## Care and Support

The care planning processes require some improvement. The Initial assessments carried out prior to people coming to live at the home lack some details in critical sections. Provider assessments are now in place, however they are not being regularly updated. People's plans provide suitable guidance for care staff but they are not consistently accurate in all areas and the way in which updated information is added is not sufficiently clear. The outcomes are lengthy and generalised, they do not represent people's views or provide information as to how the outcome will be achieved or measured. These are areas for improvement and we expect the provider to take action.

People have positive relationships with competent, committed care staff. We saw care staff engaging with people with patience, warmth and the appropriate use of gentle humour. People were directed to use their favoured techniques to alleviate their distress and were reassured. Most care staff know people well, they understand their communication and care needs and they speak of a desire to ensure people experience a good quality of life. People are supported to take part in their chosen activities but short staffing has an impact on their regularity and care staff's ability to help people explore new activities. Some people make significant progress in achieving both an increased presence and level of independence in the local community which contributes to the achievement of their long-term outcomes. The quality of daily diary records is variable, there are some good practice examples but most require more detail.

People are safeguarded. Care staff are trained in safeguarding and they know their safeguarding responsibilities. Risk assessments and positive behavioural support plans provide guidance for care staff to respond to distress behaviours and risk in the least restrictive manner. Incident reports are suitably detailed and most are completed in a timely manner. There needs to be clarification with care staff as to the criteria for the completion of incident reports to ensure consistency and accuracy. People have DoLS assessments which are regularly updated; they have advocates and they see their families regularly.

Overall, people are supported to be as healthy as possible. People are registered with health professionals and are supported to attend appointments. Care staff are responsive to emerging health needs and the manager ensures suitable follow up action in relation to changes in people's behaviour. Clinical professionals oversee people's mental health and some people are supported to successfully reduce their medication. Although care staff receive relevant training, they are not trained in all aspects of people's presentations. Overall, people's diets are nutritious with a regular inclusion of vegetables and although they are undertaking some physical exercise, this could be increased.

Infection control measures are suitable as are most medication administration processes. The service was not impacted by the covid pandemic until mid- 2022 when suitable measures were put in place and national guidance was followed to limit the risks. The service has an infection control and Covid-19 policy, the latter policy requiring some updating to reflect recent changes in guidance. Medication administration records (MARs) are complete, however, a suitable process needs to be put in place to ensure there are accurate records when people take medication out of the service and then return it.



## Environment

The home is meeting people's needs. The home has a homely feel to it and people have a sense of belonging. People's bedrooms are personalised with pictures of their family and items which reflect their interests. The living/dining room is comfortable with soft furnishings and a good standard of fittings and there is an additional room where people can have privacy. The kitchen is clean and well stocked and its facilities and those of the laundry room are suitable for people to practice daily living skills. Overall, the home is clean, however, not all bedrooms are; the provider needs to take action to ensure all bedrooms are regularly cleaned either with people or as a last resort on their behalf.

The home is safe and secure. We were asked for our identification badge on arrival and to sign in and out of the service. Health and safety and fire checks are almost always carried within the required timescales and regular fire drills are held. Follow up action is taken in relation to fire risk assessments. Repair logs show repairs are responded to in a timely manner.

The outdoor area has recently been upgraded with a decking area and garden furniture. There are suitable leisure facilities available and the gates to the main road are secure.

## Leadership and Management

People cannot be assured the information about the service is fully accurate and meeting regulations. The statement of purpose (SoP) is regularly updated and overall, the service we saw reflected it. People have suitably formatted guides to the service to meet their needs but they do not contain adapted information as to how to make a complaint and the reference to CIW's role is incorrect. This is an area for improvement and we expect the provider to take action.

The service provider has not ensured there are at all times a suitable number of competent, qualified, experienced and trained care staff to meet people's commissioned care needs. Most care staff are qualified to the appropriate level, some are in the process of completing a qualification and one member of staff is undertaking their induction with Social Care Wales (SCW). The managers and leaders and some care staff have experience of working in other similar care homes and all are up to date with the required training, although training in relation to specific needs is not provided. The rotas show there have been a significant periods where the numbers of care staff have not been at the required levels, despite the regular inclusion of the manager and team leader in delivering care on a daily basis. Weekends and evenings are particularly affected, with one care staff on occasions caring for two, sometimes, three people on their own for up to six hours, during a period when people will require support with their evening routines. The care staff team are highly committed and have undertaken overtime, despite this, however, the care staff numbers still do not meet the required levels to ensure both people and care staff are safe at all times. This is an area for improvement and we expect the provider to take action.

Care staff are supported but the frequency of their supervision needs improvement. People are looked after by a motivated care staff who enjoy their work. Care staff told us they were a close, supportive team which pulled together to get through difficult periods. Team meeting minutes show clear direction from the manager, with some repetition of required actions. Supervision is not carried out within the provider's stipulated timescales and there are some significant gaps between sessions. New care staff told us they could ask questions at any time of the experienced care staff and felt very supported.

Quality assurance measures require improvement. The responsible individual (RI) makes regular visits to the service where they consult the people living there, care staff, other stake holders and sample a range of records. The reports of their visits contain action lists which are followed through at the next visit and a range of service audits by the provider's quality team, show high compliance scores. The last two quality of care reports overlap in terms of time periods, their content is very similar and it is not always pertinent. The RI's supervision of the management of the service is not sufficiently robust which means certain aspects of the service such as care staff's supervision, staffing, cleaning, quality of care reports and the response to complaints is not always sufficiently robust or meeting regulations. This is an area for improvement and we expect the provider to take action.



### 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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15	Personal plans are not clear and do not evidence people's involvement in identifying their personal outcomes.	New
16	Personal plans not reviewed every three months.	New
18	Provider assessments not revised.	New
19	Guide to the service does not meet regulations	New
29	Behaviour management policy not followed at all times.	New
34	There are not at all times sufficient suitable care staff to meet the SOP, people's care and support needs and their ability to achieve their outcomes.	New
66	The RI's oversight of the management of the service is not sufficiently robust.	New

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