Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Y Plas EMI Care Home

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

01792772304

yplasendlesscare.com

The inspection visits for this service took place between 18/08/2026 and 26/08/2026

Service Information:

Operated by:	Endless Care Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for mental health
Registered places:	37
Main language(s):	English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

Well-being	Requires Improvement
Care & Support	Requires Significant Improvement
Environment	Good
Leadership & Management	Requires Improvement

Summary:

People are generally treated with kindness, dignity and respect and live in an environment that supports their well-being. However, inconsistencies in care documentation and monitoring records limit assurance that people's health, personal care and social needs are always met effectively.

Care and Support is rated Requires Significant Improvement. There are continued inconsistencies regarding personal planning, medication management and record keeping. Personal plans do not always provide clear, accurate or person-centred guidance. Medication errors and weaknesses in oversight processes were also found. Due to the seriousness of these issues, Priority Action Notices were re-issued.

The service provides a generally safe, clean and homely environment. Living spaces support people's comfort and safety. Communal areas offer opportunities for social interaction and relaxation.

Leadership and Management is rated Requires Improvement. Although some progress has been made since previous inspections, quality assurance and governance systems have not been effective in identifying and addressing ongoing concerns. Further improvements are required to

strengthen oversight, ensure compliance and secure sustained positive outcomes for people using the service.

The provider has acknowledged the areas of concern identified in the inspection. They have assured us actions are underway to make the necessary improvements and provide additional leadership and management oversight. Further embedding of these actions is required to ensure the required improvements are made.

Findings:

Well-being — Requires Improvement

People generally live healthily and safely at the service. However, improvements to personal planning and record keeping are needed to provide assurance that care is consistently delivered in line with people's assessed needs. While progress has been made since the previous inspection, care records do not always contain sufficient detail, and monitoring documentation is not consistently completed. We found variability in the recording and oversight of key areas such as nutrition, hydration, personal care and skin integrity, making it difficult to demonstrate that care is always provided as intended. In addition, alternative methods of communication are not always available for people who are unable to use call bells independently. This may result in delays in receiving support and reduce opportunities for staff to respond proactively to people's needs.

People do not consistently receive support that promotes meaningful engagement, social connection and emotional well-being. Activity records seen show limited evidence of meaningful activities and opportunities for engagement are not always linked to individuals' interests and preferences. Staff interactions seen were at times, task-focused rather than relationship-centred. We did however see care staff interacting with people in a kind, calm and respectful manner, helping to support positive daily experiences and maintain people's dignity and well-being. We received positive feedback from relatives during our inspection who told us they are happy with the care provided to their loved ones. Relatives spoken with told us, "*We think it's going pretty well and are happy with it here"* and "*The care home and the staff are great, I don't have any concerns".*

People live in accommodation that supports their well-being outcomes. The environment is clean and comfortable, providing people with a safe and homely place to live. A range of communal and private spaces enables people to spend time with others or independently, according to their preferences. Bedrooms are personalised and equipped with appropriate furnishings and equipment to support people's individual needs, comfort and safety. Regular maintenance and health and safety checks are undertaken to help ensure the environment remains suitable for those living in the service. While the environment generally promotes people's well-being outcomes, ongoing monitoring is needed to ensure standards are consistently maintained and further improvements are sustained.

Care & Support

Requires Significant Improvement

Care and support is rated as Requires Significant Improvement because people do not consistently receive safe, effective and person-centred care. We saw significant shortfalls across several key areas of care and support, including care planning, medication management and the reliability of care records. While some improvements have been made since the previous inspections, these have not been sufficiently embedded to provide assurance that positive outcomes can be sustained. These shortfalls have been discussed with the provider, and they are committed to making the necessary improvements.

People do not consistently receive care and support that is person-centred or enables them to achieve their personal outcomes. Whilst personal plans are in place, we found inconsistencies in the quality and effectiveness of care planning arrangements. Personal plans seen contain contradictory information, lack sufficient detail and do not always provide staff with clear guidance on how people wish to be supported. Some plans do not adequately reflect people's abilities, preferences, communication needs or desired outcomes. Records relating to daily care and support are inconsistent, reducing assurance that people consistently receive the care required to achieve positive outcomes. Examples of this was seen in skin integrity checks, dietary monitoring and personal care records. Improvements are needed to ensure care is personalised, responsive and consistently focused on promoting people's well-being. Due to the seriousness and persistence of these concerns, a Priority Action Notice has been re-issued to the service. The provider must take immediate action to address this.

The provider has made efforts to strengthen medication systems and has introduced an electronic medication system, with the aim to reduce errors and improve consistency and safety. However, the management of medication remains inconsistent, and we identified ongoing medication errors and recording omissions. Medication administration records contain gaps and inconsistencies relating to prescribed treatments. We found examples where medicines had not been administered in accordance with prescribing instructions and oversight systems have failed to identify concerns through routine auditing processes. Some medication storage areas are not routinely temperature checked, which could impact the quality of medicines. These findings indicate that medication governance arrangements are not sufficiently robust and do not provide assurance that people consistently receive their medicines safely, accurately and as prescribed. Outcomes for people require significant improvement because there is a risk that personal care needs in relation to medication will not be met sufficiently and we have therefore re-issued a Priority Action Notice. The provider must take immediate action to address this.

Environment

Good

During this inspection, we focused on the areas of non-compliance identified during previous inspections. However we saw the environment at Y Plas generally supports people's well-being and provides a clean, comfortable and homely place to live. Accommodation is appropriately maintained, with regular health and safety checks undertaken to help ensure people remain safe. Bedrooms are personalised and suitable communal areas allow people to spend time independently or socially according to their preferences. Although the environment generally promotes positive outcomes, ongoing monitoring is required to ensure standards are maintained and improvements are sustained.

Leadership & Management Requires Improvement

Leadership and management of the service is rated as Requires Improvement because leadership and management arrangements are established but are not consistently effective in delivering and sustaining high-quality care. While improvements have been made in some areas, governance systems have not reliably identified significant concerns relating to medication management, care planning, risk management and record keeping.

The provider has systems in place to monitor the quality and safety of the service. However, these arrangements are not consistently effective in identifying and addressing areas of concern. Whilst the provider has implemented some improvements, including the introduction of electronic medication records and revisions to documentation, these have not yet been sufficiently embedded to provide assurance that improvements are sustainable. Medication errors, gaps in care records and shortfalls in care planning, had not been identified through the provider's own quality assurance processes. As a result, governance arrangements require further strengthening to ensure risks are identified promptly and lessons are effectively learned.

Staff have access to a range of mandatory training opportunities and overall training compliance has improved since previous inspections. Training courses have been planned for the forthcoming months to improve training compliance further and increase staff knowledge and skill. However, whilst staff complete required courses, records and observations indicate that learning is not always translated into consistently safe and effective care. Inconsistencies in personal planning, medication management and risk monitoring suggest that staff do not always have the necessary knowledge and confidence to apply training effectively.

Arrangements are in place to support staff through supervision and appraisal. However, these are not always sufficiently reflective or focused on improving practice. We found supervision discussions are often centred on training completion rather than professional development, accountability and reflection. We had mixed feedback from staff about the support they receive. While there are committed staff working within the service, further improvements are required to ensure the workforce is consistently supported, developed and effectively led.

The provider is receptive to feedback because of the inspection process and willing to engage with regulatory requirements. The provider has taken steps to address previous concerns through the introduction of electronic medication systems, revisions to care documentation and increased oversight arrangements. Staff spoken with demonstrated a commitment to supporting people and managers showed an understanding of the areas requiring further development. Further embedding of improvement measures is now required to demonstrate sustainable improvement and improved well-being outcomes for people living at the service.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People's well-being is at risk as nursing staff are not provided with the support and supervision required to carry out their job safely. The service provider must ensure nurses receive meaningful supervision and appraisal within regulatory timeframes which are reflective and developmental.	30/10/25

Summary of areas for Priority Action	Date identified
People are at risk of harm as they are not receiving care and support in line with their assessed needs, personal outcomes and preferences. This places their safety and well-being at risk of harm. The service provider must ensure Care and Support is provided in a way that protects, promotes and maintains the safety and well-being of individuals. Personal plans and related documentation must reflect individual needs and outcomes.	30/10/25
People are at risk of harm as medication is not always managed safely. The provider must ensure medication is managed and administered safely in line with national guidance and the service's policy.	30/10/25

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