Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Mumbles Nursing Home

Mumbles Nursing Home
278 Mumbles Road West Cross
Swansea
SA3 5AB

Date Inspection Completed

06/02/2025

About Mumbles Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Plas Newydd Care Ltd
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service promote Welsh language and culture?	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 are happy and content with the care and support provided at Mumbles Nursing Home. They live in a comfortable and homely environment that is suitable to meet their needs. People are supported by attentive staff who know them very well and provide positive reassurance and interaction. People spend their time doing things they enjoy which are important to them. There are opportunities for people to take part in activities both at the service and in the community.

There is information available for staff to understand how to best meet people's care and support needs. Personal plans are detailed and reflect people's needs. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being.

Governance arrangements are suitable to ensure day-to-day management of the home is effective. There is a Responsible Individual (RI) in place and a manager who is registered with Social Care Wales. Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people.

The quality assurance system needs to be implemented fully to strengthen care audits and health and safety audits. Personal plans, monitoring of skin integrity and food and fluid intake need strengthening.

Well-being

People are happy and do the things that make them happy. People confirmed they are offered choices in making everyday decisions. They are included and involved in activities and arranged events as much as they want to be. The activities coordinator and supporting staff provide group activities and visit people in their rooms to provide company and have a chat. 'All About me' information records people's past, their likes, dislikes and preferences. We observed positive relationships between staff, people and visiting relatives. People told us they get on well with staff and commented, "*The staff are good to me*." A relative commented "*Excellent, we're really happy with the care; very caring staff, very genuine."* Care workers complete documentation to inform regular reviews and where possible these are completed with the individual.

People access the right information when they need it. Service information is available. The service assesses people's communication preferences on admission. Most people's language needs are met. There is not a current requirement for the service to be provided through the medium of Welsh language. The service is not working towards the Welsh Active offer at the time of the inspection. We discussed with the manager the need to have an initiative-taking approach that ensures language needs are identified as an integral part of safe high-quality service provision.

People are protected from harm and neglect. Care staff are aware of the procedures to follow if they have concerns about people they support. The provider ensures staff receive training in protecting vulnerable adults and has policies and procedures in place to support this. Personal plans and risk assessments are in place and mostly reviewed regularly. People told us they feel safe in the home. Care workers are recruited safely and there are systems in place to ensure the premises are secure to keep people safe.

People live in accommodation that is comfortable and homely. Private and communal rooms are appropriately furnished and decorated and there are places for people to socialise. People appear settled and satisfied living at Mumbles Nursing Home. There is a relaxed, friendly and warm atmosphere in the service. People can identify and orientate themselves with their surroundings as rooms are personalised and clearly signposted. The service is well maintained with maintenance completed as needed. There is an ongoing refurbishment programme in place.

Care and Support

People are well supported with personal plans and risk assessments that reflect their needs. A sample of personal plans viewed contain detailed information regarding personal interests, likes and dislikes. We saw that personal plans are developed following discussions with people and their family. Personal plans and risk assessments are accurate and mostly regularly reviewed in consultation with people wherever possible, but these require strengthening. Referrals for advice and professional help regarding health services are sought as needed. We discussed with the manager the need where individuals are at risk of weight loss or dehydration that monitoring of care is strengthened. This needs to be available to staff and recorded on the electronic record system. Where individuals are identified as high risk of pressure sores, we discussed the need to ensure that monitoring is further strengthened using what is known as ‘skin bundles.’

People can do the things that matter to them when they want to. We saw there are a range of activities available which are meaningful to people. People told us they enjoy taking part in a variety of activities including visiting entertainers, bingo and pampering sessions. People meet regularly either individually or in the communal lounge with the activities coordinator to plan future things they would like to do.

People are protected from abuse and neglect. Policies and procedures have been reviewed to make sure they are up to date but we discussed with the manager the need to ensure they reference the Wales Safeguarding Procedures. Care workers are aware these are in place to guide them and are supported by management. Staff have completed safeguarding training relevant to their roles. We also discussed with the manager the need to ensure oversight of analysis of patterns and trends with safeguarding referrals is in place.

Policy, procedure and application of hygienic practices are in place to reduce risks of cross-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 service has sufficient stocks. Effective oversight and auditing of infection control measures are in place. The service is clean and tidy. Staff maintain appropriate standards of hygiene but the storage of mops and buckets need to be reviewed and the findings implemented.

People’s medications are stored and administered safely in line with statutory and non-statutory guidance. There are safe procedures for accepting incoming, returning, storing, and administering medication. Fully trained staff administer people’s medication. There is a medication policy in place.

Environment

The accommodation is comfortable, well-maintained and decorated in a homely and welcoming style. On the day of the inspection, we found the home to be a calm and relaxing environment. The home is in a good state of repair and the provider has recently invested in several new chairs. The service provider identifies areas of wear and tear around the home and makes repairs where needed. The service is clutter free. We saw people sitting in the dining room and lounge / conservatory of the building and in the comfort of their own rooms which are personalised to their tastes. Some bedrooms require updating to ensure privacy locks are in place. Records show good systems are in place to monitor the decoration and repair of all rooms, facilities and furnishings, and timely action is taken to address issues as they arise.

People can be confident the service provider identifies and mitigates risks to health and safety. There is a system in place for monitoring and auditing of health and safety. This is managed by the maintenance officer with support from the manager at the service, under the guidance of the RI. Routine health and safety checks for fire safety, water safety and equipment are completed, and records show required maintenance, safety and servicing checks for the lift, gas, and electrical systems are all up to date. The sample of four bedrooms viewed had facilities and equipment that is suitable for the individuals. We saw cleaning staff around the building throughout our visit and found all areas were clean and tidy. People access the home through a securely locked door and visitors must sign in and provide identification. The home has a food hygiene rating of 5 (the highest rating attainable). Moving and handling equipment is stored accessibly but safely out of the way to prevent trips and falls.

Records are maintained which include fire practice drills and tests and any action taken to remedy any defects in fire equipment. The fire risk assessment and personal emergency evacuation plans have been updated.

The laundry room and laundry systems are appropriate, and all laundry equipment is in working order. There is an organised storage area for household waste and clinical waste bins. Storage of substances which have the potential to cause harm is sufficient because we found materials used for cleaning are stored in an appropriate locked cupboard.

Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service in place. These arrangements were observed by us, 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 and Guide to the Service, which are regularly reviewed.

People can be assured that the service provider has systems to monitor the quality of the service they receive. Records show that the RI visits the home to complete the statutory visits and meet with people and staff. The quality of care review report is completed as required. We saw evidence the RI has oversight of the service, and the service management team conduct a quality assurance system to ensure quality care is delivered. We discussed with the manager the need to ensure the full implementation of the quality assurance policy is strengthened to include robust audits of care.

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 *“Modernising the shower room and bathroom; Continuously auditing and updating furniture and equipment.”*

Staff recruitment pre-employment checks are completed prior to employment commencing. Staff are registered with Social Care Wales; the workforce regulator. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes.

Supporting and developing staff with supervision, appraisal and training is in place. Care staff told us they feel valued and supported by the manager. We discussed with the manager the need to develop a process of oversight of staff supervision to analyse patterns and trends of issues identified in these. There are enough staff on duty to safely support and care for people. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection.

Many of the staff we spoke with describe management as caring, supportive and like one big happy family. This was reflected in records we saw and compliments from people in the home.

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

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	

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