Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Swansea Living Solutions Ltd

Calon Fawr Nursing Home Ltd, Lon Masarn Sketty, Swansea, SA2 9EX

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www.swansealivingsolutions.co.uk

Date(s) of inspection visit(s): 11/07/2025, 01/08/2025

Service Information:

Operated by:	Calon Fawr Nursing Home Limited trading as Swansea Living Solutions
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	8
Main language(s):	English
Promotion of Welsh language and culture:	The service provider makes an effort to promote the use of the Welsh language and culture, or is working towards a bilingual service.

Ratings:

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

Summary:

Swansea Living Solutions provides a residential care service in Swansea close to local community facilities. The service is spacious and sits in well maintained grounds in a quiet location. People experience good well-being outcomes as they lead happy fulfilling lives. People are supported to live well, with opportunities to maintain, develop, and explore new interests and friendships.

Care and support require improvement because medication is not consistently managed in accordance with national and local guidelines or the provider's medication policy. However, care planning documentation is strength-based and outcome focussed, and reviewed regularly.

Whilst overall the environment is well maintained, outcomes for people require improvement because an area of the service is in a poor state of repair. The service provider has assured us improvements are already underway.

Leadership and management of the service is good. The Responsible Individual (RI) visits the service frequently and speaks to people, families and staff. The management team is approachable and supportive. Staff told us they feel supported and have the necessary skills to fulfil their roles.

Findings:

Well-being — Good

People live healthily and safely and are supported to achieve their personal aspirations and outcomes. Staff support people to identify their well-being outcomes and encourage them to achieve these. We saw positive and respectful interactions between people and staff. People have autonomy over their daily decisions and can choose how they wish to spend their time. People told us staff support them towards achieving their set goals and desired outcomes. Monthly meetings are held, and people can raise topics about the service as they please. We saw minutes of these meetings and people are actively encouraged to participate as much as possible. Monthly keyworker meetings are also held, and people have the opportunity to discuss their care and support with their keyworkers on a 1-1 basis. These meetings are in depth and cover a range of topics. People told us *"The support is top notch, they're good at listening*" and *"I'm happy with everything, but the manager is my first port of call if I have a problem".*

Safe and healthy relationships are encouraged, and people are supported to engage meaningfully with their community. We saw people being supported to participate in activities that they enjoy and are important to them. People told us *"I have a structured day which is good, but I also have free time to do the things I like".* People are supported to develop and sustain existing relationships with family, friends and other important people in their lives as far as possible. We spoke to family members who told us "*We visit regularly, we know he's well cared for, they understand him*". We saw staff supporting people to access the local community as they wish and use community facilities and public transport.

Overall, the provider ensures people are safe and protected from harm and abuse. Staff are recruited safely, and appropriate background checks are completed before they start employment. Staff receive safeguarding training and those spoken with show good knowledge of their responsibilities around this. Staff told us they feel confident and comfortable to report any concerns. There is a safeguarding policy in place that reflects the Wales safeguarding procedures. Routine health and safety checks are completed, the service is secure, and visitors are asked to sign a visitors' book on arrival. Improvements are needed to ensure medication is stored and administered safely and in accordance with national guidance. Additionally, environmental improvements are required in the area between the kitchen and the laundry room to ensure good standards of health and safety and infection control. Since our inspection, the RI has assured us the necessary work is now underway in this area.

Care & Support — Requires Improvement

The provider delivers quality care and support to help people achieve their personal outcomes. A comprehensive assessment is completed by the provider before a service is offered. This is to ensure the person's needs can be fully met. A written guide is available about the service which provides people, their relatives and other professionals detailed information to enable them to make an informed choice. People are offered the opportunity to visit the service and have overnight stays if they wish, further enabling them to decide if the service is suitable for them. Personal plans are developed with involvement from people, ensuring a person-centred approach. Reviews of personal plans are done with involvement from people. People told us *"The staff always ask me to get involved to plan the week, review my plan, and I'm involved in meetings about my care".* Risk assessments align with personal plans and are routinely reviewed. Daily care documentation is thorough, easy to read and in depth.

There are systems in place to safeguard people using the service. There is a safeguarding policy in place which is reviewed as required. Deprivation of Liberty Safeguards (DoLS) are in place and up to date for people who do not have the capacity to make decisions about their accommodation, care, and support. Staff receive safeguarding training and those spoken with have good knowledge of their responsibilities and how to report concerns they may have about people they support.

Systems are in place for medication management. However, outcomes for people require improvement because medication is not consistently managed in accordance with national and local guidelines or the provider's medication policy, and we expect the provider to make improvements. We found the storage and administration of controlled medicines was not in accordance with regulations. Medication administered was not always signed for and room temperature checks were not consistently recorded daily. Medication audits are completed monthly by the manager and staff receive competency-based training before administering medication. The service has a medication policy in place which is reviewed annually, although leaders/managers must ensure this is followed in practice.

Overall, sufficient hygiene practices are maintained through oversight from the provider. This minimises people's risk of infection. There is a comprehensive and thorough infection control policy in place which is reviewed annually, and staff receive training in infection control.

Environment — Requires Improvement

Overall, the environment supports people's well-being and personal outcomes. It is a homely and spacious service with a number of welcoming communal areas. We saw people making good use of these spaces, relaxing or socialising as they please. Bedrooms are large and provide ample space for people's belongings. Each bedroom is personalised according to individual taste and preferences. People invited us into their bedrooms and told us they were pleased with the space and décor. They told us they can decorate their rooms as they wish. There is a large outdoor area people can access as and when they wish, and we saw this space being used for various activities including household tasks. Records are kept securely in the manager's office or in the staff office, which are locked when not in use. Whilst overall the environment is well maintained, outcomes for people require improvement because an area of the service between the kitchen and laundry room was in a poor state of repair, and we expect the provider to make improvements. The RI has assured us work is already underway, and improvements are being made.

The service has benefitted from some refurbishment recently including redecoration of lounge and dining area, corridors painted and new carpet upstairs. There are further refurbishment plans in place including new flooring downstairs. A maintenance person is employed at the service and completes routine health and safety and fire checks along with completing daily maintenance tasks.

The service provider ensures risks to health and safety are identified, mitigated and reduced. The service has a secure entry system in place and a visitors' book. This is to ensure the safety of people is maintained and to comply with fire regulations. We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Water temperature checks are completed routinely. An emergency evacuation plan is in place. Personal emergency evacuation plans (PEEP's) are also in place for people. Laundry facilities are kept in a separate locked room, and away from food preparation areas. We saw appropriate storage and control of substances hazardous to health (COSHH). These are kept in a designated locked area and risk assessed.

Leadership & Management — Good

There are quality assurance arrangements in place to ensure people receive a service tailored to them as individuals. The RI visits the service frequently and supports the management team. During their visits they speak to people, their families and staff to gather feedback about the service, which is used to inform any required improvements. Regulatory reports are completed using this information, which show strong oversight and governance The RI is supported by a dedicated manager who makes themselves available to staff and people and ensures effective quality management arrangements are in place. The manager completes regular audits in various areas and addresses any actions identified from these. These leadership practices contribute directly to people's positive experiences and confidence in the service.

The provider ensures there is a positive culture which is supportive, inclusive, and respectful so people can have high levels of confidence in the service. The management team work closely with external professionals, and any guidance received is implemented into people's personal plans. There are appropriate policies and procedures in place which are reviewed annually and are proportionate to the needs of the people supported by the service. Staff told us they have access to these and are familiar with them. The service provider was reminded of their obligation to submit notifications to CIW of any significant events that have occurred within the service. This ensures appropriate actions are taken promptly to safeguard people and maintain service quality.

The Statement of Purpose (SoP) is comprehensive and clearly states what people can expect from the service. There is also a written guide which provides people, their relatives and professionals detailed information to enable them to make an informed choice about whether the service is suitable for them. Throughout the inspection it was clear the SoP and written guide are fully reflective of the service provided

People are supported by staff with the necessary expertise, skills, and qualifications to meet their care and support needs. We sampled a number of staff files and saw robust recruitment and background checks in place. Disclosure and Barring (DBS) checks are completed and renewed when required. Staff team members spoken with told us they feel supported in their roles. The service arranges regular team meetings and there are systems in place to support staff within their roles. These include supervision and relevant training which is refreshed routinely. Staff referred positively to the management team and said, *"the manager is very supportive"* and *"I am confident any issues I have would be dealt with by the manager".*

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 are at increased risk of medication errors as the service does not consistently store and administer medicines in a safe way. The provider must ensure medication is stored and administered in accordance with National and Local guidelines along with the service's medication policies and procedures.	11/07/25
People's wellbeing outcomes are not consistently promoted as the environment is not always free from hazards to the health and safety of individuals, properly maintained or kept clean to a standard which is appropriate for the purpose for which they are being used. The provider needs to ensure the environment is consistently maintained to an appropriate standard.	11/07/25

CIW has not issued any Priority action notices following this inspection.

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh