



## **Inspection Report on**

**WAM Care Homes Ltd.**

**Ty Mair Care Home  
12 Pen Y Gaer Cottages  
Llanelli  
SA14 8AG**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**21/03/2025**

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## About WAM Care Homes Ltd.

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	WAM Care Homes Ltd
Registered places	79
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">22/08/24</a>
Does this service promote Welsh language and culture?	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 are happy living at Ty Mair (WAM Care Homes Ltd). People live in an environment where communal areas are well maintained and welcoming, with décor to make it feel homely. Care staff and nurses are enthusiastic, treat people with dignity and respect and say they feel well supported by senior staff, the manager and responsible individual (RI). All employees attend training relevant to their roles and say it helps them to support people appropriately. We did note some shortfalls in safeguarding and food safety training. These have been raised with the manager

People can choose where to spend their day, be it in their own rooms or with others in a range of communal areas. People are supported to maintain contact with family members. Care staff told us they work well as a team across all levels, and how the new manager and RI are having a positive impact.

## Well-being

People's opinions about their care and support are listened to and staff are aware of the importance of each person's well-being. People's personal plans contain information about individual preferences, family and friends who are important to the person, together with a history of their life. People have a copy of the service user guide when they arrive at the service; this provides details of the complaints process should they need to use it. People say they are confident to raise anything they want to discuss with the manager and feel confident he would listen to them if they did.

People make choices and decisions about how they spend their time: the activity co-ordinators plan and lead a range of activities. One person told us, *"Things are getting better, there is more things to do"* and *"We do different things, you can join in if you want to or not"*. This means people do the things that make them happy. There is a varied menu available, and people say they like the food on offer each day and say there are always alternatives if they change their minds.

People are safe and protected from harm. Care staff have been through the provider's rigorous recruitment process. All employees can access policies and procedures to understand their responsibility to protect vulnerable people. There are good hygiene practices throughout the home and care staff can refer to infection management policies when necessary.

The service is working towards the 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. There are people in the service who are Welsh speakers and there are staff who also speak Welsh. We heard care workers and people conversing in Welsh during the inspection visit.

## Care and Support

People's needs are considered alongside a range of information to ensure care staff can meet their needs before admission to the home. This includes obtaining information from external healthcare professionals, social workers, previous placements, and hospital discharge documents. This information is then drawn together to develop personal plans to describe people's support requirements. Personal plans are detailed, with relevant nursing support, monitoring and assessment documents in place. We did note, however, some key information and updates had not been recorded in some of the records we read. Whilst care staff were able to tell us about the needs of people, all records should accurately reflect the individual's current needs to ensure continuity of care and the safety of the person.

This is being looked into and being addressed by the manager. Personal plans include guidance for the staff team on all aspects of the person's support needs such as nutrition, communication, pain, and oral hygiene. There is good sharing of communication within the team and senior staff make prompt referrals to healthcare professionals when necessary.

People can take part in activities which have been planned by the activity coordinators. On the day of the site visit we did not see any planned activities taking place. People told us activities were improving which they could join in if they wanted to do so. We also saw feedback from questionnaires that had been completed by people living at the service, staff and family members which also spoke positively about activities improving.

## Environment

The environment is warm and clean, and people say they feel comfortable and happy. Bedrooms are spacious and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and furniture.

The facilities and equipment promote people's independence as much as possible. All corridors are decorated to help people orientate around the building and are wide enough to help people with reduced mobility and accommodate the equipment people regularly use, such as hoists and standing aids. Externally, there is a patio area for people to socialise in warm weather.

The environment is safe. Fire exits are free of obstructions; however, we did see one fire door held open by a chair, this was immediately removed. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002 and there are clear instructions displayed in the service on what to do in the event of a fire.

People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry. All staff and people's personal records are securely stored and only available to those authorised to view them.

## Leadership and Management

People know how to make a complaint if they need to, and staff are confident that the manager and/ or the RI would deal with these appropriately. People and their relatives' complete surveys to express their opinions on the quality of support they receive. Staff can discuss any issues they wish to raise in three-monthly confidential supervision meetings. The RI undertakes the required visits and reports. They are currently producing their Quality of Care Report which will be shared with CIW.

Staff receive training to ensure they have the required skills and knowledge in their roles and to be able to support people's individual needs. We spoke to the manager about gaps in staff training and to ensure all staff receive safeguarding training and all kitchen staff receive food safety training. This is being addressed by the manager.

The policies and procedures we saw at inspection are in line with current legislation and guidance. However, we found the statement of purpose had not been updated to reflect the current management structure, and we couldn't evidence the complaints procedure had been reviewed. Senior staff ensure all personal plans clearly state any risks to people's well-being and detailed risk management plans help to keep people safe and as independent as possible. Care staff understand their responsibilities in keeping people safe. They are aware of the whistleblowing procedure and reporting concerns and feel are confident these will be dealt with accordingly by the manager and/or RI.

The provider ensures there are knowledgeable and skilled care staff to provide the right support for people. Pre-employment checks take place before new employees start work: these include references and Disclosure and Barring Service (DBS) checks.

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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