



Inspection Report on

Gwernllwyn Care Home

**Gwernllwyn Care Home
Llandeilo Road Cross Hands
Llanelli
SA14 6RD**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

22/10/2024

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About Gwernllwyn Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gwernllwyn Leisure Limited
Registered places	68
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 March 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People who live at Gwernllwyn receive care and support in a relaxed and friendly environment from care workers who are patient, skilled and experienced. During our inspection people and staff commented positively on the care provision and included *“This is my home, you won’t find anywhere better, they (staff) are wonderful”* and *“There are good outcomes for people, I would happily put my family here”*.

Staff feel supported by each other, the manager and Responsible Individual (RI). Formal and informal supervision is provided with ongoing mandatory and additional training. A thorough recruitment and vetting system is in place to ensure staff are experienced, qualified and of suitable character to undertake their role. There are effective governance arrangements in place and the RI has good oversight of the service.

The environment is well maintained and routine health and safety checks and audits ensure it remains safe for people living, working and visiting the service. There is a relaxed and friendly atmosphere and the décor and furnishings provide a homely ambiance.

Well-being

People have choice and some control over their day to day lives. They have flexibility over the time they get up/go to bed, where and what they eat at mealtimes and where they spend their day. There are several communal areas for people to choose from, whilst some prefer to stay in their bedroom. Family relationships are valued and friends and family are welcome to visit at any time, sometimes joining their relative for a meal. An onsite coffee shop also provides an opportunity for people to relax with their families away from the main care setting. The coffee shop incorporates a two lane bowling alley which is particularly enjoyed by younger family members. Relatives told us they feel very supported and involved by the manager and care staff and are appreciative of this. One relative said, *“I received excellent support during the first 6-9 months, it was a difficult time”*.

People and their relatives feel listened to and their views are actively and routinely sought. Any concerns or issues are managed and acted upon appropriately, in a timely manner by care staff and/or the manager. A relative told us, *“There is a structure to deal with things, they get sorted straight away”*. The Responsible Individual (RI) is based on site and is available to people and staff. A quality of care review questionnaire is used every 6 months to gain the views of people living, working and visiting the service. The RI considers the responses when assessing the quality of care provided, to plan where improvements can be made and to ensure best outcomes for people.

The physical and mental health and wellbeing of people is optimised and any changes in health and support needs are reviewed, and referrals to health care professionals made in a timely manner when required. The service has strong links with the local GP surgery. A nurse practitioner undertakes weekly visits to support people with their health needs and will refer to the GP when more specialised assessment and support is required.

There are systems in place to protect people from harm and abuse. Staff are safely recruited and receive ongoing training and support to ensure they are aware of their responsibilities to keep people safe. Staff spoken with are clear on the process and procedure to follow if they have any safeguarding concerns and would not hesitate to report to senior staff. The building is secure and restrictions on people due to their health needs are agreed through a legal process ensuring people's rights are upheld.

Care and Support

People receive care and support from care staff who are patient, attentive and respectful. We saw care staff taking their time delivering support in a way that puts people at ease. They have developed trusting relationships with each other. Each interaction is gently explained as the support is being provided so that people know what is happening and are comfortable and relaxed. One staff member said, *“Consistency is important, people get to trust you”*.

People told us they are very happy with the care they receive and comments included, *“I can’t fault the staff, they are excellent”* and *“The care is a very high standard, what I like is - what you see is what you get, they treat everyone the same, I am very grateful”*.

Reassurance is given in a timely manner when people are experiencing distress and anxiety due to cognitive health needs.

Initial assessments are undertaken by the manager in collaboration with people and their representatives prior to them receiving a service to ensure their care and support needs can be met. Digital personal plans are detailed and reviewed regularly so remain relevant. People and their representatives are not always directly involved in reviews however they are consulted and informed of any changes in care and support needs. Plans are available to care staff and provide guidance on how people would like their care delivered. Care staff record the daily support they provide on a digital system. We found these records are not always completed in a timely manner and would benefit from more detail to encompass each aspect of support and to reflect people’s experiences throughout their day. We also found some vocabulary used is not respectful. We have discussed this with the RI and manager who will address with all staff and provide additional guidance and training if required.

People’s values and cultural needs are respected. Many people at the service are Welsh speaking and can converse in Welsh with each other and several of the staff members. Those who cannot speak Welsh have learnt simple phrases to use with people whose first language is Welsh as they recognise the importance of conversing in the mother tongue.

There is a robust medication process in place. A pharmacist from the local health board undertakes regular full audits and reviews people’s medication. Any discrepancies are captured and acted upon in a timely manner to ensure people’s safety and wellbeing. The Medication Administration Records (MAR) seen were completed fully and correctly. We did note some medication stored in the fridge that was not dated on opening and no longer required. The manager agreed to monitor this during monthly audits to ensure the medication policy is adhered to.

Environment

The building is modern and has been purpose built, however remains homely and welcoming. All rooms are ensuite and have shower facilities. Bedrooms are spacious and people are encouraged to have their personal belongings on display, such as photos and ornaments. Some people have brought their own items of furniture to help them feel more at home and have their room set up as they want it.

The layout of the building enables people to move around freely and there are several communal areas accessible to people. We saw people relaxing in all areas, on their own and in friendship groups. Some people choose to sit in the dining area for their meals, enjoying the social occasion, whilst others prefer to eat alone in their room. There are outside patio areas that people enjoy in the warmer weather and there are plans to build a cover over one to extend it's use throughout the year. An additional wing has recently been completed to increase the services offered.

The home incorporates a coffee shop with a two lane bowling alley, hairdresser, gift shop and function room. People living and visiting the service enjoy these facilities and value the opportunity to enjoy space away from the main care setting in varied surroundings. The proprietor recognises the importance of family relationships and is keen to create an environment that people can enjoy with friends and relatives. Some regular activities are held in the coffee shop, such as a knit and natter group and bingo.

The building and equipment is well maintained. Health and safety audits and checks are undertaken to ensure the environment remains safe for people living, working and visiting the service. Firefighting/prevention equipment is regularly checked and serviced. A recent inspection was undertaken by the Fire service. Some adjustments have been made following this.

There are effective processes in place to ensure the environment is clean and hygienic. It is clutter free and suitably decorated. The home is well presented throughout and the environment maintained to a good standard. Some minor changes to the décor of the main lounge area upstairs would provide a more supportive environment for people with cognitive health issues.

Leadership and Management

There are strong leadership and governance arrangements in place. The RI is based at the service and works closely with the manager. A new manager has recently commenced and has introduced some changes to staffing arrangements to ensure working patterns meet service demand. Whilst a few staff members have been reluctant to accept these changes most of the team have welcomed the changes. One staff member said, "*She (manager) has made lots of improvements*".

The RI reports are detailed and evidence that there are effective systems in place to assess, monitor and improve the quality and safety of the service to provide best possible outcomes for people. The views and feedback of people, their representatives, staff and professionals involved are sought regularly through informal discussions and the use of quality review questionnaires. There are close links with health and social care professionals and the recommendations from any external audits undertaken are actioned.

Care staff are safely recruited and the required checks and references are obtained prior to commencement. This ensures they have the required qualifications and experience and are of suitable character to undertake their role. All staff have an up to date Disclosure and Barring Service (DBS) check and are registered with Social Care Wales, the workforce regulator. Staff feel supported within the team and by the manager and RI. Formal supervision is provided regularly and staff feel able to approach the manager informally at any time. One staff member said, "*It's tough but it's good, we have good support, the manager's door is always open and I can get guidance when I need it*". Training is provided and most staff are up to date with their mandatory training.

There are good lines of communication between staff and an effective handover between shifts. One senior staff member said, "*We communicate well, if there are any changes, there is a good handover*". Regular full team meetings are held and minutes displayed in the staff room for those who were unable to attend. Senior meetings are also held.

We looked at key policies and found them to be up to date with the relevant information. The Statement of purpose reflects the provision of care that the service provides and has recently been updated.

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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