Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Anwen Care Home

Anwen Care Home
Heol Pant-yr-awel
Pantyrawel
Bridgend
CF32 7LA

Date Inspection Completed

20/01/2025

About Anwen Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Anwen Care Ltd
Registered places	60
Language of the service	English
Previous Care Inspectorate Wales inspection	23rd January 2024
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 receive good quality care and support at Anwen Care Home. Personal plans of care clearly set out people's physical and emotional health needs and how they should be met. Daily records are mostly comprehensive and show a good level of engagement. Nurses and carers are knowledgeable and know people well. Care records provide nurses and care workers with valuable information and ensures people receive the care and support they need. A nurse is on duty at all times for advice and support. The provider has worked hard to improve the culture and morale within the home. There is now a more stable team of staff who are led by the clinical lead and a motivated manager. Staff receive the required training and support to undertake their roles effectively. Routine health and safety audits are undertaken to ensure the building and contents is safe for people living, working and visiting. There are robust governance arrangements, and the responsible individual (RI) has good oversight of the service.

Well-being

People have control over their day-to-day life and are supported to make choices where possible. Notice boards around the home display upcoming events. We saw genuine interactions between staff and people which were positive, warm, familiar and friendly. A person living in the home told us, *“I couldn’t wish for a better place”.* We saw people had a choice when deciding on meals including options around a daily cooked breakfast. Meals are well presented, including pureed food. Family told us, *“It’s wonderful, we have no issues whatsoever”, “S*
he gets excellent care” and “*They will do anything for you*”. The service provides a range of activities to cater to people's hobbies and interests and we saw regular resident meetings take place.

People are supported to be as healthy as they can be. The manager and nursing staff liaise daily with GPs and community nurses. Referrals are made to external health and social care professionals, such as speech and language therapists or dieticians. Medication is ordered and booked in by nursing staff every month. We found it to be stored appropriately and administered by nurses or seniors as prescribed. We sampled medication charts and found them to be in line with administration. The clinical lead audits the medication process and recordings monthly to identify if any errors or oversights have been made. A social worker told us “*My experience is in the most part positive and find the staff and manager really supportive*”.

Systems are in place to keep people safe and protected from harm and abuse. All staff are safely recruited, vetted and are trained in the protection of vulnerable adults. Nurses and care workers have safeguarding training and know how to identify potential safeguarding concerns. They are aware of their duty to report any concerns to a manager and are confident this would be acted upon. Policies and procedures are in place to provide guidance to staff and promote safe practice. Risk assessments identify possible harm to individuals and outlines steps to mitigate those risks.

People live in suitable accommodation, which supports and promotes their well-being. Nurses, care workers and management reduce hazards as far as practically possible. People’s rooms contain personalised items of their choice and are suitably furnished. Relevant health and safety checks are completed. Personal Protective Equipment (PPE) is worn by staff in line with infection protection and control guidance. There is a sign-in process to enter and leave the premises. The service is clean, clutter free and comfortable throughout. Health and safety building checks are completed and documented routinely.

Care and Support

People can be assured the service is able to meet their care and support needs. The manager or clinical lead carry out an assessment prior to a person moving to the service to ensure they are able to meet their needs and to consider the impact of other people at the service. Personal plans are clear, reflect individual needs and give the information needed to support people. Where possible people and/or their relatives are involved in developing their plan. Risk assessments are in place to ensure people are supported to make their own choices as much as possible and remain safe.

People are supported to access health care services and external professionals. We looked at records which showed involvement from external professionals such as GP, Occupational Therapists, Tissue Viability Nurses, and case workers. Feedback from visiting professionals to the service is positive about the recent changes at the service since the improvements in culture and morale. We saw people have monitoring charts in place for areas such as nutrition and hydration and, repositioning. A new electronic care system has been introduced since the last inspection. All staff appear to have embraced this well and recordings have significantly improved. A visiting Nurse told us "*I have no concerns with them at all*".

Robust arrangements are in place for storing, ordering, and administering medication which is stored securely and can only be accessed by authorised staff. Monthly audits of medication take place and these accurately record if any medication issues have been identified during the month. We observed both a nurse and senior care worker administer medication diligently. The service promotes hygienic practices and effectively manages infection prevention and control procedures.

Good arrangements are in place to protect people from harm and abuse. A safeguarding policy is in place, which follows the Wales Safeguarding Procedures. Staff understand the policy and have completed safeguarding training. They are aware of their responsibilities to report any concerns they may have regarding the people they support. Both nurses and care workers confirm they feel able to raise any concerns with the manager, and they are confident they would be listened to. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation.

Environment

The environment supports people to achieve their well-being. The service is set over three floors. The upper two floors provide care and support for the nursing communities, with people who require residential care occupying the ground floor. We saw people's bedrooms are personalised with items of personal choice. People we spoke with told us they are very happy with their rooms. A relative told us "*It's very clean, the bedroom is always spotless".* There are also several communal bath and shower rooms throughout the home which are equipped with specialist equipment for those who need it. The layout of the home promotes accessibility and independence; people can move freely within the area they live. There are a number of communal areas which are clean, appropriately furnished and decorated. Several corridors include areas which display items of interest to encourage people to reminisce.

We saw evidence of a good rolling programme of maintenance, checks and servicing in place to ensure the home, it's facilities, and equipment are safe. We saw appropriate checks and safety certification in place for utilities, equipment, and fire safety features. Each individual living at the service has a personal emergency evacuation plan (PEEP) in place. This document ensures care staff understand the level of support people require in the event of an emergency. The laundry facilities are suitable to meet the needs of people living in the home. Substances hazardous to health are stored safely and communal areas are uncluttered and free from hazards. The kitchen is inspected by the Food Standards Agency and currently holds a rating of 5 (very good).

Leadership and Management

People live at a service where the manager has good oversight of the day to day running of the service. Since the last inspection the manager has put effective processes in place to ensure areas of care and support can be monitored more easily, meaning any issues are identified and addressed quickly. There is now a stable staff team and morale has significantly improved. Staff told us "*The manager has brought in a lot of positive changes*" and "*The manager is always there for support*". We saw auditing systems in place which evaluate areas such as mediation, care planning, health and safety and infection prevention and control. The manager was able to show how actions are created and reviewed to ensure they are met in a timely way. The electronic care planning system creates reminders, so actions are not missed.

The service operates with appropriate numbers of staff. The manager keeps staffing levels under review, taking into account the number and changing needs of people living in the home. Care staff are allocated daily to work in designated areas, providing people with good continuity of care. Relatives told us *"They all speak to you, make you feel welcome", "They are very caring" and "They work hard and do a marvellous job"*. Rotas show that planned staffing levels are consistently maintained. Many staff have been employed via a sponsorship scheme and are supported to complete the required training and registration with Social Care Wales.

People are supported by a team of care staff who are recruited safely. We sampled staff personnel files and together with confirmation from the HR department we found they contain all the required recruitment information, including references and right to work in the UK. All staff are working with a current Disclosure and Barring Service (DBS) check to ensure they're fit to work. The training programme includes courses relating to dementia, pressure ulcer prevention, moving and handling, infection control and health and safety. There are opportunities for promotion where workers skills and knowledge are recognised. A staff member told us *"We are always having training"*. Staff consistently reported to be satisfied with working in the home. Comments include *"I like to work here", "It's a lovely environment to work in", "I enjoy it here" and "I would recommend working here".*

Quality assurances processes are in place to monitor the quality of care being provided and improve areas of the service where needed. The RI visits regularly and completes their quarterly monitoring reports including feedback gained from people living at the service and visitors that are there on the day. This information feeds into biannual quality of care reports, identifying the strengths of the service and the ongoing improvement work required. There are policies and procedures available to staff that are reviewed annually, and an up-to-date statement of purpose outlining the nature of the service and the type of care they can provide to people.

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	
21	Staff are not providing care and support in a way that promotes peoples safety and wellbeing.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- Inspection report survey

If you wish to provide general feedback about a service, please visit our Feedback surveys page.

Date Published 21/02/2025