



# **Inspection Report on**

**Dol Y Felin**

**Dolyfelin Homes  
Pentre Road St. Clears  
Carmarthen  
SA33 4LR**

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

**This report is also available in Welsh**

**Date Inspection Completed**

**07/08/2024**

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## About Dol Y Felin

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Carmarthenshire County Council Adults and Children's Services
Registered places	33
Language of the service	Both
Previous Care Inspectorate Wales inspection	21/06/2023
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 care and support from a compassionate and knowledgeable staff team. Care staff are well trained to enable them to fulfil their role. The manager is supported by the Responsible Individual (RI) who visits the service regularly. The RI has good oversight of the service through their visits and a range of quality audit tools.

Care records provide a sense of the individual and are person centred. There is good evidence to demonstrate care plans are developed and reviewed with individuals and / or their representative.

Certain parts of the environment were identified as being an Area for Improvement in the last inspection. During this inspection we found there have been improvements to the environment including the communal gardens and as such the Area for Improvement has been addressed.

## Well-being

People have their choices and views recognised. Their views about the service are actively sought by the RI through their Regulation 73 visits and through questionnaires used to inform the six monthly Quality of Care reports. People converse and receive information in Welsh if this is their preferred language.

People are safe from the risk of harm and abuse. Care workers are knowledgeable, well trained and care about the individuals living in the service. They also have a good understanding of people's needs and how best to meet these. Care records provide information about the needs and preferences of people and are regularly reviewed along with associated risk assessments. The service liaises with health and social care professionals to make sure people remain as healthy as possible. People feel they are able to raise concerns about the service should they have the need to do so.

There are strong recruitment, supervision and training procedures in place to ensure staff have the right skills, knowledge and approach to care. Staff respect the manager who in turn is well supported by the RI. Care staff are clear on their responsibilities to protect people and are equipped through the training they complete.

The environment supports people to achieve their well-being. Improvements to the internal decoration of the service enable people to better orientate themselves around corridors or to their bedrooms. The maintained gardens are welcoming, colourful and less hazardous for people to enjoy. Future plans for the communal gardens will enable people to better pursue their hobbies and interests.

## Care and Support

People receive the care they need when they require it. Care staff have a good understanding of the needs of the people living in the service. Care records provide good details about the person and of their needs. Associated risk assessments are reviewed regularly. Care plans are developed and reviewed with the person and / or their representative. Health and medical professionals are involved in the care and support of people when required and this is well documented. We observed staff respond quickly and calmly to an emergency buzzer which was activated during the period of the inspection.

People speak positively about living in the service and the care and support they receive. People told us *"It's a lovely home and the carers are so good"*, *"I am well looked after, all the carers are kind to me"* and *"I've got no complaints, the carers are great"*. A number of the staff team communicate in Welsh with people, which we observed during the inspection. People are able to choose when to get up and retire, there are always a range of meal options and bilingual information is readily available.

People feel safe. During discussions people told us they feel safe living in Dol y Felin and are able to raise concerns if they need to. They told us; *"I know I can speak to the carers or [manager] if I have any concerns"* and *"the carers and the safety of the home makes me feel safe"*. People are provided with a copy of Carmarthenshire County Council's Complaints procedure on admission to the service.

## Environment

In the last inspection we found certain parts of the environment did not support people's personal outcomes and these were identified as an Area for Improvement. During this inspection we found sufficient improvements to the environment have been made to address the Area for Improvement.

There are signs on people's bedroom doors with their photograph, room number and three points of interest about them. Communal corridors have a number of pictures, paintings and points of interest displayed. This supports people to better orientate themselves around the communal areas and to their bedrooms. Communal lounges and dining areas have been re-decorated with new curtains and blinds. One person told us *"I love the colour of the walls and the curtains match so well"*. We have also been advised about the on-going redecoration and refurbishment programme for the service by the manager and RI.

The communal gardens are being well maintained and are far less hazardous for people to use since the last inspection. In the main, paths have been weeded and are accessible and less hazardous for people to use. The raised beds have been filled with a range of plants and make very attractive features in the gardens which are enjoyed by both people living in the service and staff. They told us *"The beds are looking beautiful, such lovely colours"*, *"I think the raised beds look lovely"* and *"I love sitting in the garden when it's looking so pretty"*.

As part of the redecoration and refurbishment programme vanity units in some bedrooms have been replaced. One person whose vanity unit has been replaced told us *"This one [vanity unit] is so much better, clean and looks nice"*.

We have been advised by the manager and RI there are plans to have a greenhouse located in the communal gardens. This will make it far more accessible for people to use to follow their hobbies and interests. The existing greenhouse, whilst not accessible for people to use has a number of tomato plants growing. The person whose plants are growing in the greenhouse told us *"I rely on the carers to water the tomatoes. I do visit the greenhouse to keep an eye on them"*. They also pointed out the tomatoes they are growing in growbags in the communal garden *"they are coming on slowly, but that's due to the weather"*.

The risks to people's health and safety are minimised as there are a range of maintenance checks and audits undertaken. Testing and servicing of firefighting, moving and handling equipment are completed within the required timescales. Personal Emergency Evacuation Plans (PEEPS) are individualised and readily available. Keypad entry systems are used where considered required and all visitors are required to sign in and out of the service. Window restrictors are in place on the first floor windows. The service is clean with no malodours.

## Leadership and Management

People are cared for by a knowledgeable, well trained and supported staff team. Care workers have a good understanding of the people living in the service and are able to provide details about the individuals and their particular care needs. Care workers told us about working in Dol y Felin including *"I do love my job, I want the very best for the residents"* and *"It's really great working here, I really enjoy coming to work"*.

The manager is well supported by the RI who visits the service regularly and is readily available via the telephone or email at all other times. The RI completes the Regulation 73 visits within the required timescales and the six monthly Quality of Care reports. CIW have received copies of these reports.

There are strong recruitment and selection processes in place. The correct clearances and checks are undertaken and documented before staff commence employment. There have been difficulties in the recruitment of staff to the service, however, this is an improving situation as a number of staff have been recruited since the last inspection. This has had a positive effect on care workers who told us *"It's much better now we have nearly a full team"* and *"it's been difficult with the staff shortages; however, [manager] is very supportive and things are so much better now"*.

There are policies and procedures in place which are reviewed regularly. The Statement of Purpose reflects the service being provided and CIW are appropriately notified of incidents.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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	
44	The internal environment does not support people to orientate around the service. The external grounds are a potential risk and do not support people to pursue their hobbies and interests.	Achieved

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