Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Allt Y Mynydd

Alltymynydd Nursing Home
Llanybydder
SA40 9RF

Date Inspection Completed

18/02/2025

About Allt Y Mynydd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Ashberry Healthcare Limited
Registered places	44
Language of the service	Both
Previous Care Inspectorate Wales inspection	5 June 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 living at Allt y Mynydd receive care and support from staff who are caring and patient. People can feel confident that the required checks have been undertaken prior to commencement of employment to ensure staff are suitably qualified, experienced and are of suitable character to undertake their role.

Personal plans are kept up to date and provide guidance for staff on the care and support needs of individuals. People's views and preferences are sought and recorded and their opinions matter.

The provider has good oversight and has effective systems in place to monitor, review and analyse the quality of care and support. Action plans are developed and drive improvements to ensure people receive the best possible outcomes.

Well-being

People are happy and settled and have their needs met by a team of familiar staff providing consistency of care. They have choice and a level of control over their everyday lives. People can choose when to get up, what they eat and where they spend their day and care staff will support them to do this. Their preferences are recorded in their personal plans and care staff demonstrate dignity and respect, acknowledging people as individuals.

People's physical and mental wellbeing is promoted and monitored closely. Nursing staff monitor and record people's vital signs, that is their body temperature, pulse rate, blood pressure and respiration rate. Staff know people well and notice any changes in their health and support needs and additional support and advice from health professionals is accessed in a timely manner. A visiting health professional told us; "*Communication is excellent. There is good support from the GP. I'm impressed with the care*".

A relaxed atmosphere allows people to choose where they spend their time, having quiet time in their room or joining others in communal areas. Some organised activities are held such as singers, and care staff will spend one to one time with people chatting or individual activities such as painting nails/pampering. Some people feel there are not enough activities available and the manager acknowledges this. Additional staff have recently been recruited and these 'wellbeing workers' will be developing more activities based on people's needs and interests. This will enhance people's general and mental wellbeing.

There are systems in place to keep people safe and protected from harm and abuse. Staff receive safeguarding training and know the process and procedure to follow if they have any concerns. People and their representatives are also aware of who they can raise any concerns with. One relative said, "*I have had some issues but 'X' (the manager) is very receptive".*

The building is secure and visitors are required to ring the bell and can gain access once their ID has been checked. There is good oversight of the service and health and safety systems ensure the necessary checks and certificates are in place to maintain a safe environment for people, staff and visitors.

Care and Support

Care and support is provided to people in a friendly and warm environment. The atmosphere is relaxed and calm and care staff take their time ensuring people's needs are met in a respectful and patient manner. Care staff are passionate and those we spoke with are committed to providing the best possible care for people. One staff member said, *"We all do our best for the residents"* and an individual said, "*We're very lucky, we are very well looked after".*

Personal plans are created with people and their representatives and are person centred. Care staff can easily access this information which details what support is required and how to effectively deliver that support based on their individual needs. Documentation in this area has improved since the previous inspection and records show care provided reflects personal plans. People's key information and preferences, including preferred communication methods and language are clearly recorded however information on the interests, background and social history of people is limited and lacking detail. This was discussed with the manager who is aware and is addressing this area. There are plans for the new wellbeing coordinators to complete this section of personal plans with individuals and an enhanced activities plan will be created around people's interests.

Regular reviews of personal plans are undertaken with people and any changes in care and support needs are documented. There are close links with the local General Practitioner (GP) surgery and weekly meetings are held with the advanced nurse practitioner. This ensures that any concerns around people's health and support needs are discussed and reviewed by the GP or nurse practitioner in a timely manner.

Medication is stored and administered safely and correctly. A digital system ensures accurate records are kept and the nurse on duty completes a medication audit every Sunday evening. Furthermore, the manager completes a full medication audit monthly to ensure compliance.

The service provides an 'Active offer' of the Welsh language. Some staff members are Welsh speaking and those that are not fluent have learnt simple words and phrases. We heard conversations between staff and individuals in Welsh. Documentation is available in Welsh on request and people have access to Welsh radio and television programmes.

Environment

The building is maintained to a good standard and continually updated. Rooms are a generous size and the high ceilings and large windows provide a light and spacious feel. People who are able to mobilise have rooms on the ground floor whilst most people on the first floor have mobility issues. There is a lift however it cannot accommodate everyone's needs. There is an alternative route downstairs using a ramp that goes outside. This is not always suitable and limits some people's ability to access some areas of the service. The provider is considering an alternative lift for future use however no definite plans have been made yet. People have personalised their rooms with items that are important to them such as family photos and ornaments. The name signs on people's doors have pictures which depict peoples' hobbies and interests.

A new conservatory area has now been completed at the main front entrance and provides a communal space for people and their visitors to relax. There are several other communal spaces on the ground floor and first floor and a dining room on the ground floor. An outside building has been converted to a mock café where people can meet with their visitors and feel a sense of being away from the service.

Systems are in place to ensure the environment is kept clean and hygienic and there are detailed policies and procedures in place to manage the risk of infection. Care workers complete infection control training and can access infection management policies whenever necessary.

Regular health and safety audits are undertaken of the service by the compliance manager and an outside agency also completes an audit and check. We saw up to date service certificates and firefighting equipment and checks are routinely done internally and externally. Moving and handling equipment is regularly serviced and checked.

Leadership and Management

There are strong leadership systems in place. The manager feels very supported by the wider management structure and head office. Although there is currently no Responsible Individual in post, the compliance manager is the appointed person and undertakes routine visits to complete audits and has very good oversight of the service. Records evidence that thorough checks are undertaken of care documentation, and staff, individuals and family members are consulted during these visits. Systems are in place to monitor, analyse and improve the quality and safety of the service. Follow up visits are undertaken to ensure planned actions have been completed. The manager also receives support from the director of operations as and when required.

The staff team work well together and feel supported by the manager. One staff member said "*X (manager) is good, especially supportive if we are short staffed. We work well as a team".* Staff feel able to approach the manager if they have any issues and are confident they will be listened to. A staff member told us, "*She's always quite quick to fix any problems. Is very fair and will always listen to you if you have a problem. She always wants to do the best for people".*

A robust recruitment system ensures staff are qualified, experienced and of suitable character to undertake their role. The required vetting and references are obtained prior to staff commencing. Staff have an up to date Disclosure and Barring Service certificate in place and are registered with Social Care Wales the workforce regulator. Training records show that staff are up to date with mandatory training. More specific training is also undertaken depending on individual needs. Care staff are encouraged to progress in their professional career and have completed the Care Home Assistant Practitioner (CHAP) training. This enables them to take on more responsibility and duties. Quarterly supervision is provided to all care staff, providing an opportunity to identify strengths and areas for further development and training. A visiting professional said, "*staff are very knowledgeable and caring".*

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	During the inspection on the 4th June we found that 3 people were not being repositioned and their skin was not being checked at the required 3 hourly intervals as stated on their skin monitoring form.	Achieved

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