Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Swn-y-Gan

Swn Y Gan Nursing Home
Banc Bach Penclawdd
Swansea
SA4 3FN

Date Inspection Completed

13/02/2025

About Swn-y-Gan

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	SWN-Y-GAN LTD
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	13 December 2023
Does this service promote Welsh language and culture?	This service is not making a significant effort to promote the use of Welsh language and culture.

Summary

People are happy with the care and support provided at Swn-Y-Gan Nursing Home. They live in a homely environment that is suitable to meet their needs. People are supported by attentive staff who know them well and provide positive reassurance and interaction. People spend their time doing things they enjoy which are important to them. There are opportunities for people to take part in activities.

There is information available for staff to understand how to best meet people's care and support needs. Personal plans are detailed and reflect people's needs. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being.

Governance arrangements are suitable to ensure day-to-day management of the home is effective. There is a Responsible Individual (RI) and a manager who is registered with Social Care Wales. Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people.

Improvements have been made to the storage of Medicines and staff recruitment records. The quality assurance system needs to be implemented fully to strengthen care and health and safety audits. Oversight of safeguarding, privacy locks on bedroom doors and displaying menus need strengthening.

Well-being

People are supported with their health and wellbeing. They value the relationships they have developed with care staff and enjoy their time together. People receive timely care and support in line with their personal plans from kind and helpful care staff. Service providers ensure medical advice and professional help for an individual is sought (where appropriate) or a referral to commissioners is made in a timely manner. People join in socialising with others as well as spending time on their own. They can get involved in and offer suggestions for other activities they would like to do.

People are protected from harm and neglect. Care staff are aware of the procedures to follow if they have concerns about people they support. The provider ensures staff receive training in protecting vulnerable adults and has policies and procedures in place to support this. Personal plans and risk assessments are in place and reviewed regularly. People told us they feel safe in the home. Care workers are recruited safely and there are systems in place to ensure the premises are secure to keep people safe.

People access the right information when they need it. Service information is available. The service assesses people's communication preferences on admission. Most people's language needs are met. There is not a current requirement for the service to be provided through the medium of Welsh language. The service is not working towards the Welsh Active offer at the time of the inspection. We discussed with the manager the need to have an initiative-taking approach that ensures language needs are identified as an integral part of safe high-quality service provision.

People live in accommodation that is comfortable and homely. Private and communal rooms are appropriately furnished and decorated and there are places for people to socialise. People appear settled and satisfied living at Swn-Y-Gan Nursing Home. There is a relaxed, friendly and warm atmosphere in the service. People can identify and orientate themselves with their surroundings as rooms are personalised and mostly clearly signposted. The service is well maintained with maintenance completed as needed. There is an ongoing refurbishment programme in place and planned development of the service in the next year.

Care and Support

People are well supported with personal plans and risk assessments that reflect their needs. A sample of personal plans viewed contain detailed information regarding personal interests, likes and dislikes. We saw that personal plans are developed following discussions with people and their family. Personal plans and risk assessments are accurate and regularly reviewed in consultation with people wherever possible. Referrals for advice and professional help regarding health services are sought as needed.

People can do the things that matter to them when they want to. We saw there are a range of activities available which are meaningful to people. People told us they enjoy taking part in a variety of activities including visiting entertainers, bingo and hair and beauty sessions. People meet regularly either individually or in the communal lounge with the activities coordinator to plan future things they would like to do.

People are supported to enjoy a positive dining experience and when required they are supported sensitively to eat and drink. We observed a lunchtime meal which served on a well presented table with a centrepiece, cutlery and condiments. We discussed with the manager the need to display a menu so that people know what to expect and be clear about what they are choosing to eat.

People are protected from abuse and neglect. Policies and procedures have been reviewed to make sure they are up to date. Care workers are aware these are in place to guide them and are supported by management. Staff have completed safeguarding training relevant to their roles. We also discussed with the manager the need to ensure oversight of analysis of patterns and trends with safeguarding referrals is in place.

Improvement has been made with people's medications which are stored at the right temperature and administered safely in line with statutory and non-statutory guidance. There are safe procedures for accepting incoming, storing, and administering medication. We discussed with the manager, the need for the procedure for returning medicines to be reviewed.

Policy, procedure and application of hygienic practices are in place to reduce risks of cross-infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The service has sufficient stocks. Effective oversight and auditing of infection control measures are in place. The service is clean and tidy. Staff maintain appropriate standards of hygiene.

Environment

The accommodation is comfortable, well-maintained and decorated in a homely and welcoming style. On the day of the inspection, we found the home to be a calm and relaxing environment. The home is in a good state of repair and the provider has invested in extending the property with plans to further develop more bedrooms and communal lounge.

We saw people sitting in the dining room and lounge of the building and in the comfort of their own rooms which are personalised to their tastes. Some bedrooms require updating to ensure privacy locks are in place. Records show there are good systems to monitor the decoration and repair of all rooms, facilities and furnishings, and timely action is taken to address issues as they arise.

The service provider ensures that the outdoor space for people to access is in line with the statement of purpose and individual's needs. We discussed with the manager the need to ensure that the safety and security of individuals whilst outside is reviewed.

People can be confident the service provider identifies and mitigates risks to health and safety. There is a system in place for monitoring and auditing health and safety. This is managed by the maintenance officer with support from the manager at the service, under the guidance of the RI. Routine health and safety checks for fire safety, water safety and equipment are completed. Records show required maintenance, safety and servicing checks for the lift, gas, and electrical systems are all up to date.

The sample of four bedrooms viewed had facilities and equipment that is suitable for the individuals. We discussed with the manager the need to review bedroom windows to ensure they comply with current legislation regarding window restrictors. We saw cleaning staff around the building throughout our visit and found all areas clean and orderly. People access the home through a securely locked door and visitors must sign in and provide identification.

The laundry room and laundry systems are appropriate, and all laundry equipment is in working order. There is an organised storage area for household waste and clinical waste bins. Cleaning programmes are in place and systems are established to monitor levels of cleanliness and to take action where shortfalls are identified. We discussed with the manager that storage of substances which have the potential to cause harm needs strengthening.

Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service. The manager regularly meets and is supported by the RI. The service is provided in line with the objectives of the Statement of Purpose and Guide to the Service, which are regularly reviewed. We discussed with the manager the need to review the guide to ensure it is written in plain language and in a format that reflects the needs, age and level of understanding for whom the service is intended.

People can be assured that the service provider has systems to monitor the quality of the service they receive. Records show that the RI visits the home to complete the statutory visits and meet with people and staff. The quality of care review report is completed as required. The service management team conduct a quality assurance system to ensure quality care is delivered. We discussed with the manager the need to ensure the full implementation of the quality assurance policy is strengthened to include robust audits of care.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as "*We are planning to commence building works to add a new residents lounge, together with 3/4 bedrooms all of which will have ensuite facilities. As part of this the rear external garden will be developed further to make it secure and more easily accessible."*

People can be content they are supported by a service that provides appropriate numbers of staff who are suitably fit. Staff are registered with Social Care Wales, the workforce regulator. Care staff have the knowledge, competency, skills and qualifications to provide the care and support required to enable people to achieve their personal outcomes. Records show the service provider has suitable numbers of staff on each shift to support people's needs. Staff records show new staff undergo robust vetting checks prior to starting work at the service and receive an induction specific to their role. Staff mostly receive annual appraisals and one to one supervision meetings with senior staff.

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	
58	Medicines are not stored at the required room temperature. The provider must ensure a system is in place that ensures medications are stored at the recommended temperature.	Achieved
35	Staff fitness checks are not always completed as required, specifically around the number and type of references obtained. The provider needs to ensure two references are obtained as in line with requirements.	Achieved

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