



## Inspection Report on

**Dan y Graig Care Home**

**Danygraig  
Kidwelly  
SA17 4SW**

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

**This report is also available in Welsh**

**Date Inspection Completed**

**29 June 2022**

**29/06/2022**

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# About Dan y Graig Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Swanton Care and Community (Maestilo Care Homes) Ltd and Swanton Care & Community Ltd
Registered places	8
Language of the service	Both
Previous Care Inspectorate Wales inspection	21 March 2022
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

## Summary

This is a focused inspection following non-compliance being identified and eight Priority Action Notices (PANs) issued at the last inspection. Whilst some areas are still being worked towards there have been many improvements.

Staffing levels have improved with ongoing recruitment. People now receive the required level of support to enable them to achieve their personal outcomes. Whilst reviews of personal plans are now being completed, some work is still required to ensure the care documentation is consistent for everyone and people are given the opportunity to invite their representatives.

Improvements have been made to medication storage and administration. The home has undergone some redecoration, updating and replacing of furniture, fixtures and fittings. It has a homely feel with improved levels of cleanliness.

Whilst most staff have received individual supervision since the last inspection this is still not reflective of the requirement to have quarterly supervision. Annual appraisals are still outstanding though we have seen improvements to training.

A 'Quality Assurance, Health, Safety and Service Development Manager' is currently supporting the team at Dan y Graig and a newly appointed manager is in post. Staff are positive about the level of support in place.

The Responsible Individual (RI) has not been able to visit the home in person since the last inspection due to personal circumstances. Improvements are required to the quality care

review report and in light of outstanding PANs, improvement is required with oversight of the service.

Whilst many improvements have been seen the unmet PANs will be considered by CIW's Improvement and Enforcement Panel to determine further action.

## **Well-being**

People have control over their everyday life with an opportunity to contribute to the running of the home and their daily routine. People personalise their own rooms and told us how they have been involved with choosing furniture and helping with some of the maintenance work. We saw more varied diet options being provided meaning people can make healthy choices. Pictorial formats of menus have been introduced to enable people to make decisions. People have individual activity timetables that are used as a guide and adapted to suit individuals at the time.

People's views are not consistently represented. People are not always given the opportunity to invite their representatives to reviews of their plans and personal outcomes. The RI's latest quality of care review report does not include people and their representatives' views.

Improved staffing levels mean people are given more opportunity to do what matters to them. Accessing the community and achieving personal outcomes has increased with people going on holiday and accessing local places of interest. Also completing activities around the home such as cooking, gardening and playing football in the grounds. People mostly receive support from staff who attend training specific to the people they support. Improvements have been seen with this since the last inspection.

People live in a home that best supports their well-being. Dan y Graig is more homely and comfortable with access to areas for stimulation, relaxation and activities. People showed us areas of the home they have been involved with improving as part of their daily activities, such as potting plants and assisting with putting together new furniture. They are excited for further improvements as they take place.

People cannot be assured they are fully safeguarded because disclosure barring service (DBS) checks are not always renewed three yearly as required and people are being supported by staff who do not receive up to date DBS checks. This was addressed as part of the inspection and the provider completed risk assessments as an interim measure. It was not evident that this had been identified or addressed by the RI as part of their quality assurance processes. People are supported by staff who have received safeguarding training and are aware of the whistleblowing process. Care workers know processes to follow, and safeguarding referrals are made by the management team in line with the appropriate policies.

## Care and Support

Improvements have been seen with the provider completing three monthly reviews of care, reflecting this within care documentation and updating personal plans. An inconsistent approach is seen in care documentation when referring to identified goals and recording 'no goal required' when there are goals evident. The manager and team are working towards consistency with all care documentation. People are still not given the opportunity to invite family members/representatives to reviews of their plans and personal outcomes. Families have not been invited or involved with reviews since the last inspection. Whilst some families told us "*They send photos and texts through to keep me updated*" feedback did vary and communication with family members is not always recorded in care documentation. When asking family members if they had been invited to their relative's reviews they answered, "*I have not been invited to one previously*" and "*No I haven't as such...*". The provider is in the process of completing a draft document to send out to people's representatives to ascertain the level of involvement they want with regards to attending quarterly reviews. This area of non-compliance is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action to address this, we will take enforcement action.

Improvements have been seen with medication administration and storage of medication. A second staff member now assists with the administration of medications. The medication room has improved with temperatures being monitored. Regular medication reviews and audits take place. Staff feedback is positive about the new medication processes.

Improvements have been seen with staffing levels and the morale of the staff team at Dan y Graig. Rotas seen, evidence staffing levels are much improved and are provided in line with people's assessment of needs (as stipulated in the updated Statement of Purpose). Regular agency staff work at the service when required and there is ongoing recruitment. Staff told us: "*Always enough staff to ensure people get the support from the staff according to their personal plans with male staff and female as appropriate*" and "*The past couple of months we have been the correct amount all the time and it is just this one day*". The practice of two staff 'sleeping in' has been discontinued with one waking and one 'sleep in' as required. An unexpected staff absence risk assessment has been developed.

Improved staffing levels mean people are supported to achieve personal outcomes and do what is important to them. Family members told us "*I know that X is happy in the house*"; "*I am more than happy with the care X receives*" and "*They are excellent*".

Meaningful interactions between staff and people in receipt of support were seen. People's activity planners are flexible depending on people's choices and how they feel on the day. Assistive technology such as sensor alarms are in place where required to safeguard people and deprivation of liberty safeguards have been reviewed.

People's diet and nutrition records showed a varied diet being consumed and choice being provided with the use of home and individual menus and pictorial choices being worked towards. On the day of the inspection people were getting ready with some care workers to

go shopping. People were seen relaxing around the house and garden and seen planning activities such as football. We saw house meeting minutes where people's views are sought regarding events such as redecorating of their home, planned holidays and social events. Daily care records showed people participate in a variety of activities and people's mood and reaction to activities and events are recorded to determine what is working well.

## **Environment**

Since the last inspection, many improvements have been made to the environment at Danny Graig. A suitable standard of cleanliness is in place. The environment has undergone a redecoration programme with furniture upgrades where needed. Communal areas and corridors have been freshly painted with contrasting handrails. Finishing touches such as the hanging of photos/pictures is pending.

We saw bedrooms had been redecorated and repairs had been made where required. Some bathrooms had been upgraded with further plans in place. People had been involved with redecorating their rooms and making repairs and putting furniture together. We were shown that people had been moved to rooms that could accommodate their needs better.

A decluttering programme has taken place meaning communal areas are more accessible to people to complete daily activities of living and enjoy some social time. This was particularly evident within the activities room and sensory room. A new television was being fitted on the day of the inspection – one person was excited about this telling me they would be having movie time in the activity room and dancing.

The kitchen space had been reviewed with a table being put in place enabling people to access the kitchen space more freely and complete activities at the table. A storeroom had been cleared for additional cooking items. On the day of the inspection the kitchen was busy as a cooked breakfast was being prepared. Menus were in the kitchen for the home with individual menus in people's care files.

We were told on going improvements/upgrades are planned for the central heating system and boiler, laundry room and upstairs carpet to be replaced.

People had been involved with making improvements to the outdoor areas including the decking area, the grassed and walled area. Planting of flowers and plants is an activity enjoyed as part of people's activity programme and improving their home environment.

A monthly newsletter is produced with photos of the residents taking part in activities. We saw newsletters for the past three months. These showed people enjoying a holiday break in West Wales, visiting the beach, using the updated sensory room, with lights, music and games on the 'magic table'. People were seen preparing meals and potting plants and taking part in updates and DIY work in their rooms and around the home.

Staff followed the most up to date guidance for COVID with regard to testing and the use of Personal Protective Equipment (PPE).

## Leadership and Management

The Statement of Purpose has been updated since the last inspection and submitted to CIW each time a change has been made. It is reflective of the service provided to people and they have access to it.

Whilst there have been a lot of improvements at Dan y Graig since the last inspection, full compliance has not been met. The RI has not been able to visit Dan y Graig in person due to personal circumstances. Whilst a virtual visit has taken place a proactive approach to getting feedback from stakeholders has not been taken. On the day of the virtual visit people were on a day trip and feedback had not been sought from representatives. The RI told us ‘the organisational survey was late going out’ so staff feedback is not reflected in the last two quality care review reports. As identified at the last inspection the quality care review report contains information that could compromise people’s privacy and right to confidentiality. As previously we advise this information is reviewed.

During the inspection we identified two staff did not have up to date Disclosure Barring Service (DBS) checks in place. One of these staff members had been suspended due to an alleged safeguarding incident. Risk assessments were not in place prior to the CIW inspector querying this. There is no record of the RI identifying or addressing this as part of their quality assurance processes.

This is still having an impact on people’s health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

Staff are positive about the support in place and recent recruitment. As an interim measure a ‘Quality Assurance, Health, Safety and Service Development Manager’ has been in post. The staff are very positive about their support. Staff are aware of the processes to follow if they have any concerns and understand the whistleblowing processes. All staff we spoke to told us they feel listened to and supported, “100%”.

Staff told us of improvements: *“The whole house has changed – the look of it majorly”*; *“Staffing has come closer and working as a team which has impacted in a good way with us working as a team and helping each other”* and *“I am much happier here now – love my job”*.

Some training is overdue. We were told dates are booked for staff to complete out of date training within two weeks from the inspection date.

Whilst staff do feel more supported, quarterly individual supervision is not always provided as required with gaps of between four and six months between supervision sessions. Some staff have still not received annual appraisals as identified at the last inspection. A manager has now been appointed and we were told an appraisal plan is to be implemented however people may be supported by staff that do not have the required levels of support and appraisal opportunities in place. This may impact on people’s ability to meet their personal outcomes and receive a good level of care should staff not be motivated to work or performance/development issues not be addressed. This area for priority action is still unmet. Where providers fail to take priority action, we will take enforcement action.

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
16	Three monthly reviews are not held with the involvement of the person and their representative with a purpose of determining if peoples outcomes are being met and how they can be worked towards.	Not Achieved
36	Individual supervision and appraisals are not provided to staff as required.	Not Achieved
8	The Responsible Individual's oversight is not adequate to ensure that the quality and care of the service provided improves.	Not Achieved
34	The provider does not ensure staffing levels are as stipulated within the Statement of Purpose for the service. Staffing levels are not provided in line with people's assessments to ensure the care and support needs of people are met.	Achieved

58	Medications are not consistently stored at the required room temperature. A system is not in place to address missed signatures on medication administration records. Infection control is not considered when administering medications.	Achieved
43	The standards of cleanliness at Dan y Graig are not conducive to people's overall health and well-being. The environment is not aesthetic, homely or personalised. All areas are not accessible to support people to develop and meet their outcomes.	Achieved
21	People are not consistently supported to meet their outcomes with the identified level of support required. Measures are not always in place to safeguard individuals at times when they are unable to request assistance. Independence is not always worked towards as part of a persons outcomes. Individuals are not always supported to maintain a healthy diet.	Achieved
7	The service at Dan y Graig is not consistently provided with regard to the Statement of Purpose.	Achieved

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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A



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