



Inspection Report on

Trem Y Mor

**Trem-y-mor
Scarlet Avenue
Port Talbot
SA12 7PH**

Date Inspection Completed

17/06/2024

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About Trem Y Mor

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Neath Port Talbot County Borough Council
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	7 November 2022
Does this service promote Welsh language and culture?	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

Situated on the picturesque seafront of Aberavon, Trem y mor in a purpose-built accessible day and respite centre for adults. Most people who stay in the service are there for daytime provision or short respite stays, however on occasions, this becomes extended on a long-term basis. The provider of the service is Neath Port Talbot County Borough Council.

People appear happy and content in the service and have personal plans in place to meet their needs. There are good recruitment procedures in place, care staff receive regular supervision and training, and Care workers feel valued, enjoy their work, and feel part of a big family in Trem y Mor.

As Trem y Mor is purpose built there are good facilities available for people including indoor and outdoor areas and all bedrooms having en-suite facilities. There are good procedures in place to maintain the environment.

Since the last inspection, a new manager has been appointed and feedback received indicates that there was a smooth transition through the process with no negative impact on the service. Care staff and relatives of people using the service are complementary of the new manager and the service as a whole and value it greatly. There are good oversight arrangements in place and required visits and reports take place accordingly.

Well-being

People have a voice and are treated with dignity and respect. Personal plans give care staff a good understanding of the person and what their needs are. We saw, when possible, relatives are involved in the development of these plans. Relatives of people using the service were highly complementary of the level of communication with them and felt very reassured that any issues are communicated promptly. Comments include, *“Communication is superb”* and *“Communication is absolutely top notch”*. During responsible individual (RI) visits, feedback from people, staff and relatives is gathered to drive improvements in the service.

People's physical, mental health and emotional wellbeing is promoted. There are good infection control procedures in place to minimise risks within the service. Medication is managed well, with good procedures in place daily to oversee this, especially as there is a high turnover of people utilising the service due to it being primarily a day and respite centre. Many care staff in the service have been in post several years and know the people who visit the service very well and can recognise any changes in people to seek appropriate support.

People are protected from harm and neglect. Policies and procedures are in place and reviewed regularly. There are security features in place in the building to keep people safe, including keypad operating doors and a sign in book for visitors. There are good procedures in place to keep the environment safe for people. Safeguarding training is mandatory for all care staff and those spoken with understand their roles and responsibilities in this.

Overall, there is good oversight of the service. At the time of this inspection the RI was not in work, however, the provider has arrangements in place to continue the oversight of the service appropriately. RI visit reports and quality of care reviews are still taking place albeit the most recent visit was slightly late. There is a newly appointed and respected manager in post who has a very supportive team around them. There are audit systems in place to monitor the service routinely.

The provider has arranged for key documentation in the service to be bilingual and available in Welsh should they be required, signage in the service is also bilingual. There is no real demand for this at present, however, the service is eager to promote the use of the Welsh language and should the demand change in the future then Welsh speaking care workers will be recruited were possible to deliver the service in Welsh as much as possible.

Care and Support

People and their families are involved in the planning of personal plans to ensure they detail the quality of care and support needed. Personal plans are detailed to help care staff understand the needs and preferences of people the support. Relatives spoken with, confirmed that they are consulted with frequently to ensure that the service continues to meet their loved ones needs. The service provider is introducing a new electric care system to develop plans which are more person centred. Feedback from relatives of people using the service was very positive. Comments included *“they are superb”, “They really are amazing with X, I couldn’t ask for more”* and *“they really know Y well to make everything a good experience for them”*.

Good systems are in place for the safe management of medicines in the service. As the service is a respite and day centre, there is a changeover of medication entering and leaving the service daily. We saw there are robust check in and check out systems in place to monitor this including twice daily audits. Medication is stored in suitable lockable trolleys in the locked, air-conditioned medication room. We looked at Medication Administration Record (MAR) charts and found these to be complete with no gaps or errors. People are supported by a consistent staff team who know them well and seek support from health care professionals in a timely way, if needed. Relatives told us, *“The staff are wonderful and always get in touch if there are any problems and call the doctor if needed”*.

There are good procedures in place to keep people safe in the service. Safeguarding training is mandatory for all care staff and those spoken with have a good understanding of their role and responsibilities to report any concerns about people they support. Entry to the service is via an intercom system and all visitors sign a book on arrival and departure. We saw a selection of the providers policies and procedures including the safeguarding policy which reflects relevant current guidance. There are appropriate Deprivation of Liberty Safeguards (DoLS) in place for people who do not have the capacity to make decisions about their accommodation, care, and support. And when these are applied for, the manager submits a notification to CIW as required by the regulations.

Environment

People live in a purpose-built service that is well maintained. Located on the sea front in Aberavon, people staying in the service can enjoy the lovely sea views over Swansea Bay. The service sits in its own grounds with care parking facilities and outdoor areas, including areas where people can sit, play basketball, and use the swing. The layout of the building is well thought out with the day centre facilities overlooking the sea view to the rear. The bedrooms are set out into four pods with each pod having its own open plan communal area with kitchen and dining facilities. There is also an outside courtyard in each pod. All bedrooms in the service have en-suite facilities and there is a large specialised communal shower room. There is a sensory room and computer suite which people enjoy. People residing in the service also use the facilities available in the day centre which includes a large dining area and games room with lots of activities on offer. Alongside the day centre there is a kitchen where most of the main meals are prepared. We noted that large communal areas within the service have had new noise reduction boards installed to absorb some of the sound which has improved the atmosphere in the service. The service is clean and well maintained although some areas namely the flooring is starting to look tired in places. People staying in the service longer term are encouraged to have more personalisation of their bedrooms to make them more homely.

There are procedures in place to identify and mitigate risks to health and safety in the service. There is a designated maintenance person who carries out general duties and routine checks within the service. We looked at the maintenance and health and safety files and saw environmental and equipment checks are carried out routinely and recorded appropriately. The kitchen was last inspected by environmental health in November 2022 and the food hygiene rating remains as a 5 (very good). There are personal emergency evacuation plans (PEEPS) in place, but these are very generic and not specific for everyone. The manager is aware of this and is looking to incorporate better PEEPS with the new care planning software.

Leadership and Management

There are good systems in place to support the smooth operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. The provider has numerous policies and procedures in place for staff to follow. We looked at a sample of these and saw they are updated and reviewed routinely. The services' statement of purpose has recently been updated to reflect the change in manager of the service, and the remainder of the document continues to reflect the service well. The manager conducts a daily walk around in the service and often checks on people to ensure all is well, this gives a good visual presence of the manager. The provider has numerous departments who regularly visit the service to evaluate the quality and safety of the service.

Good arrangements are in place for the effective oversight of the service through ongoing quality assurance. In the absence of an RI at present, the provider has appointed a temporary acting RI to ensure that the oversight of the service remains consistent. The manager told us that the covering RI is in contact from time to time and has visited the service in recent months. When the RI visits the service, they seek the views of people using the service and staff to help improve the service. The provider completes the required bi-annual quality of care review reports which evaluates the quality and safety of the service. All notifiable events are submitted through the CIW portal as required.

People are supported by a consistent staff team who are recruited, trained and supported effectively. There is a low staff turnover in Trem y mor and many care staff have worked in the service for a long time and know people well. Four personnel files were viewed and There are safe recruiting and vetting systems in place which is being followed to protect people from harm. All care staff have up to date Disclosure and Barring Service (DBS) checks in place and most care staff are registered with Social Care Wales the workforce regulator. The training matrix was viewed, we saw care staff receive regular training which helps to understand the needs and conditions of people they support. Care staff receive supervisions routinely and annual appraisals are currently being prioritised. Care staff feel valued and supported in their roles and told us *"It really feels like your listened to here"*, *"We always have opportunities to progress to other roles"* and *"It's not like coming to work"*.

Sufficient arrangements are in place for financial oversight in the service. The service overall is in a good state of repair; however, some areas are starting to look tired. The manager told us that issues such as worn furniture and flooring which was visible during the visit have been reported to the provider and works are carried out in order of urgency with the providers estates and services. We will follow up the progress at the next inspection. sufficient care staff were visible during the visit which enabled people to go out and enjoy activities on a one-to-one basis.

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. 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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