



# Inspection Report on

**Ty Dewi Sant**

**Ty Dewi Sant Residential Home  
Myrtle Close  
Penarth  
CF64 3NQ**

## **Date of Publication**

**Monday, 11 March 2019**

**Welsh Government © Crown copyright 2019.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## **Description of the service**

Ty Dewi Sant Care Home is situated in a quiet residential area of Penarth and operated by the Vale of Glamorgan council.

The home is registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care to 33 people in the categories of;

- Frail Older persons over the age of 60
- Older persons over the age of 60 who have a Learning Disability
- Older persons over the age of 60 who live with Mental Ill Health
- Persons over the age of 18 who live with a Dementia.

The responsible individual (RI) is Marijke Jenkins who oversees the management and operation of the home. There is a nominated manager who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

Overall, people we spoke with told us they were happy living at the home and have good relationships with the staff that care for them. People's health care needs are understood by staff and the home is supported by a range of visiting health care professionals to remain as healthy as possible. People experience care and support in the way they want it, and when they need it. People benefit from care that is planned, according to their own individual needs and preferences.

Opportunities for involvement in activities are available for people to participate if they wish. Staff are kind, caring and supportive and have sufficient time to spend with people to ensure their emotional and psychological needs are met as well as physical health needs.

Ty Dewi Sant provides a good standard of care in a clean environment. The layout of the four separate units enable a homely and relaxed atmosphere throughout. Systems are in place for residents to be assured that they see visible accountability and know there are people overseeing the service to ensure safe processes are in place.

### **2. Improvements**

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Therefore this area was not considered at this inspection.

### **3. Requirements and recommendations**

There were no non-compliance notices issues following this inspection and no areas of non-compliance were identified. Section five of this report sets out our recommendations to further improve the service and the areas where the registered provider is not meeting legal requirements.

These include the following;

- Bathrooms; Remove all clutter from communal bathrooms.
- Medication; Strengthen practices at the home to ensure that medication is recorded correctly.
- Documentation; Revisit documentation used within the home to ensure that it contains all the required information.

# 1. Well-being

## Summary

Overall, people we spoke with told us they are satisfied with the care and support they receive and have good relationships with the staff that care for them. Observations of staff communication with residents identified examples of good practice. People are stimulated and are able to choose and participate in activities. People are helped to experience care in the way that they want it and when they need it.

## Our findings

People living at the home relate well and have good relationships with the staff that care for them. The home was relaxed and welcoming and we saw staff and residents engaging in banter and laughter throughout our visits. We observed staff had time to sit and spend time with residents in various areas throughout the home. On our arrival at the first visit we saw activities taking place with several residents sitting in the main dining area who told us they were *“preparing the compost for the summer flower pots”*. Although there are no activities coordinators at the home; we saw people were stimulated and saw various activities taking place throughout the home. For example; in one lounge area we saw a resident knitting who told us they *“always enjoy knitting”*, staff and residents were chatting and laughing throughout the four units during our visits. In one area a quiz was taking place with several residents talking together and with staff. We observed staff appeared to be aware of people’s individual needs and responded in a calm unrushed manner.

People living at the home are satisfied with the quality of service they receive. We observed people were able to choose where they wished to spend their time and had access to a calm and relaxed environment. Every resident we spoke with commented positively about living at the home and appeared happy and content. Comments included:

*“I love living here.”*

*“Staff are kind and helpful here.”*

*“There is always something to do, a bit too much sometimes.”*

*“It’s like being at home.”*

*“I feel safe here; I know that I am looked after.”*

*“The staff look after me well.”*

Relatives visiting the home told us:

*“We have no worries or concerns; we are more than happy with the care.”*

*“There was loads going on here over the holidays, we are always made to feel welcome.”*

We have received questionnaires completed by relatives that indicate people are happy with the service provided.

Overall people using the service receive consistent care from staff which promotes self-esteem and protects their privacy and dignity. Our visit, which was undertaken over two days, identified good examples of staff communication. We observed interactions using The

Short Observational Framework for Inspection (SOFI 2) Tool. The SOFI 2 tool enables inspectors to observe and record life from a resident's perspective and how they spend their time, activities, and interactions with others and the type of support received. We saw many positive examples where residents were spoken to in a respectful manner and staff were skilled and tactile in the support offered. For example; we saw one resident required assistance, the staff member gave no indication she was busy, she sat and gave the individual her full attention and time, until the needs of the person was identified and reassurances given. On another occasion, staff members smiled when communicating and there was friendly conversation promoting a social atmosphere in the dining room. This indicates people are content, happy and feel safe living at the home.

People are enabled to make choices regarding their care. When we first arrived we observed several people having breakfast either in the small dining areas or in their own rooms. Residents we spoke with told us they can get up and go to bed when they wished. One resident told us *'I like to have breakfast in my dressing gown, then get ready later.'* Another resident told us *'The nurse is visiting later this morning, so I'm taking my time getting up today.'*

We conclude people have choice which helps in promoting a sense of belonging and value.

## **2. Care and Support**

### **Summary**

Overall, we considered people receive person centred support which addresses their specific needs. They benefit from timely referrals to appropriate health care professionals as needed. People are treated with dignity and respect in their day to day care. They benefit from care that is planned according to their individual needs and preferences. Staff are caring compassionate and knowledgeable about people's individual needs and how those needs are to be met. Resident and family members appear generally happy with the care provided.

### **Our findings**

People are as safe as they can be because they receive proactive, preventative care and their needs are anticipated. We examined a sample of documentation relating to four residents including the personal care plans and found overall they contained relevant information which was reviewed when people's needs changed. We saw that care files detailed essential information in relation to people's preferences, personal care needs, medical conditions and medication requirements. However, we identified from one file where one person required regular monitoring of skin integrity. We saw no documentation in place regarding regular monitoring by staff to maintain skin integrity. We saw a further file lacked detail regarding a resident's medical condition. We discussed these issues with the manager who told us this was an oversight and the matter would be addressed immediately. Care files are important documents which should advise staff of a residents needs and the actions that are required to meet those identified needs. As we did not identify immediate, adverse impact on the residents we did not issue a non-compliance notice.

Care plans were overall directed to people's individual needs and detailed the support that staff should provide in order to meet people's physical and emotional health needs. We saw care files contained comprehensive risk assessments and any incident having a bearing upon the level of risk such as falls was recorded. We saw that residents were therefore, people receive the right care at the right time when they want it.

People are supported to remain as healthy as possible and the well-being of people is promoted regarding the safe systems for the management of medication. Overall, medication administration is carried out appropriately and safely. We looked at the Medication Administration Records (MAR's) and saw that medication had been administered as prescribed. However, we found areas where improvements are further required. For example, we found a handwritten note with instructions on the front of one MAR chart; a further chart did not contain the required information of identification. We informed the manager who addressed the issue immediately. We found the medication room to be appropriately locked, clean and well organised with daily fridge and room temperatures undertaken to ensure efficacy of medication. We were told that internal weekly audits are carried out with management oversight to ensure the ongoing safe administration. We conclude that people are supported to be as healthy as they can be.

People are offered nutritious healthy meals. We were told by the cook on duty there was a rolling weekly menu. We were shown documentation that recorded people's individual special dietary needs. People had a daily choice of two meals or if a resident requested a particular food the cook told us they always tried to accommodate. The food was well presented and we saw people enjoying the meal. We observed lunch being served and found it to be a calm, social occasion. We saw people served and supported during mealtimes in a timely and dignified manner. We saw hot and cold drinks being offered throughout the visits. The home had been inspected by the Food Standards Agency and had been awarded a food hygiene rating of four (this means that the food hygiene standards were found to be good). We conclude overall mealtimes are a positive experience and that people's nutritional needs are being met.

Referrals to relevant health and social care professionals are made in a timely way. We saw evidence that external professionals are involved in people's care within the home. For example we saw from the care files that district nurses visited to check people's conditions such as wound care and pressure area care. We saw district nurses visiting people during our visits. Health professionals such as chiropodist, optician and dentist also visited residents. GP was contacted as and when necessary. This good communication helped people stay as healthy as possible.



### **3. Environment**

#### **Summary**

Overall, the home is welcoming and provides a comfortable environment for people. There are outside areas for people to use in warmer weather. People are safeguarded by the health and safety checks and measures at the home. Specific areas of the home are in need of refurbishment. The home has a rating of '4' from the Food Standards Agency' (this means that the food hygiene standards were found to be good).

#### **Our findings**

People are supported within a clean and comfortable environment. We found the home to be generally friendly and welcoming, with staff, residents and visitors chatting together in communal areas. The home provides accommodation over one floor and benefits from four separate units which, within each unit contain a lounge area and small dining area. We saw a number of bedrooms, which were personalised with photos, keepsakes which reflect the individual's personalities and interests which promotes a feeling of belonging.

Throughout the visits we saw separate activities taking place in each unit and people able to access each area safely and independently or with staff assistance. We observed the home had sufficient space for people to use walking aids and the environment therefore helped to maintain and maximise their independence. People's wellbeing is enhanced by having access to a safe and pleasant space, which is easily accessible.

We were told by the manager that refurbishment work was due to commence at the home within the next few weeks and will include; new flooring throughout the entire home, complete redecoration of the corridors and dining rooms and all handrails being replaced. During the visit maintenance and contractors were visiting to assess the works due to commence. We found there were sufficient bathing facilities for people living at the home and we found these to be clean and well maintained. However, we found one bathroom contained clutter. We discussed with the manager who told us the clutter would be removed immediately.

Overall the home was clean and tidy with no hazards identified and no unpleasant odours were noted. During the visit we saw cleaning and maintenance staff in attendance and carrying out the required checks. There are well maintained gardens for resident to enjoy in the summer months. People told us they enjoy sitting in the outside areas during the warmer weather and how they enjoyed planting flowers in the baskets and pots. We were shown the photographs of the flower displays outside the home. This indicates that people live in an environment which meet their needs.

People are protected and their safety maintained. We found the premises to be safe, securely locked and people protected from intruders. When we arrived we found the home to be locked and we had to ring a call bell for entry; we were greeted by a member of staff and asked for proof of identification and to sign the visitor's book prior to entering the home. We observed medication and hazardous substances were stored safely and securely. We saw health and safety certificates and measures in relation to fire certificates; gas

installation and safety records were up to date and satisfactory. All confidential files were stored securely in lockable cupboards. Thus people right to privacy is respected within a secure environment.

## **4. Leadership and Management**

### **Summary**

The service has a clear statement of purpose outlining its values and principles. Staff are positive about the support provided by the managers. People using the service and their representatives are regularly consulted about the care experiences and the quality of the service provided. We saw evidence of appropriate staff recruitment and relevant staff training.

### **Our findings**

People can be sure that there are robust transparent systems in place to assess the quality of care they receive which includes feedback from staff, relatives and the people using the service. We saw that regular monitoring visits had been undertaken by the responsible individual under Regulation 73 of the Social Care (Wales) Act 2016. The last recorded visit had been undertaken 27 December 2018 and included interviews with people using the service and staff. At the time of both visits we were assisted by the manager who demonstrated understanding of the responsibilities to ensure regulatory compliance throughout.

The homes vision and purpose is made clear through its statement of purpose. This is an important document which should be kept under review. We examined the statement of purpose and saw it contained all the required information under regulation. The document provided people with detailed information about the service and the facilities offered within the home. It also outlined the home's philosophy and approach to care delivery. Therefore we found the home provides clear information so that people know and understand the care support and opportunities available to them.

Leadership and management have clear delegation of responsibilities and ensure effective administration systems are in place.

People receive care and support from people who are appropriately appointed. We looked at three staff recruitment files. We saw that the service had a good process for recruitment of staff. We saw that in most files, all required information had been obtained to ensure the suitability and fitness of staff appointed. For example, we saw one contained a full employment history including gaps, two references, proof of identity and a disclosure and barring check (DBS). We also viewed a file of a newly appointed member of staff and found all required information obtained. We saw that a number of training sessions had been completed and saw evidence of certificates. A training matrix was also provided and examined which provided an overview of the training completed. We saw that all mandatory training was undertaken including fire training, infection control, moving and handling and first aid. Staff also confirmed they had attended extra training on dementia care and had requested training in other areas. However, we saw one file contained a gap in employment history. We discussed this with the manager who gave us assurances that this would be actioned. Staff we spoke with told us they felt supported and they had received sufficient training to carry out their role competently. Staff meetings are held regularly and minutes detailed the issues discussed. This indicated that people benefit from a service where staff

are well lead, supported and trained; and the process by which staff are recruited and vetted is sufficient.

People are supported by a stable and dedicated team. Staff we spoke to were happy and enthusiastic. Comments included;

*"I enjoy coming to work, it feels like family".*

*"I have been here years and could not work anywhere else".*

*"It's all about the residents, as long as they are happy, we are happy".*

We saw during both visits sufficient staff to assist people with their needs. We were told the home sometimes uses agency staff where the same agency were used for continuity but mostly people were cared for by familiar staff. Staff told us overall there were sufficient staff to meet the needs of the residents, and "*some days were busier than others*", however they told us they did not feel understaffed. We were told by several staff, residents and the manager about their nomination for a community award; the manager was attending the event at Llandudno. Residents told us they enjoyed the professional filming that was taken place at the home and one resident told us "*I think we will win*".

We conclude that staff have sufficient time to spend with people, to ensure their emotional and psychological needs are met as well as their physical and health care needs.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

This is the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

### **5.2 Recommendations for improvement**

The following are recommended areas for improvement to promote positive outcomes for people:

- Bathrooms; Remove all clutter from bathrooms to promote a more conducive environment for bathing.
- Medication; Strengthen practices at the home to ensure that medication is recorded correctly.
- Revisit documentation used within the home to ensure that it contains all the required information.

## 6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. The unannounced inspection was carried out on the 17 January 2019 and 22 January 2019.

We used the following sources of information to formulate our report;

- Consideration of information held by CIW about the service, and records of notifiable events;
- Observation of daily life, care practices and interactions between care staff and residents at the home;
- Conversations with 8 care staff, four visiting relatives at the home and three kitchen staff;
- We spoke with people living at the home;
- Discussions with the manager;
- Observations made throughout the visit of the entire care home environment which included communal areas, dining area, individual rooms, bathrooms kitchen and food storage areas and the laundry;
- Detailed examination of the care documentation relating to four people;
- Review of the communication book, accident /incident records;
- One SOFI2 observation carried out in the dining area. (The Short Observational Framework for Inspectors 2 is an inspection tool which enables us to observe daily life from the perspective of the resident).
- We looked at documentation relating to monitoring visits carried out by the responsible individual;
- Detailed examination of three staff recruitment files;
- We looked at a range of documents relating to the running of the service which included; fire safety records, The homes Statement of Purpose, service user guide, medication administration records and health and safety records;
- We examined the arrangements to review the quality of care provided;

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Vale of Glamorgan Council</b>
<b>Manager</b>	<b>There is a manager at the service who is registered with Social Care Wales</b>
<b>Registered maximum number of places</b>	<b>33</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.</b>
<b>Dates of this Inspection visit(s)</b>	<b>17/01/2019 and 22/01/2019.</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The home is working towards an active offer of Welsh in the home meaning that people can speak and live through the medium of Welsh without having to ask.</b>
<b>Additional Information:</b>	