



Inspection Report on

Ty Clyd Care Home

**Heol Fargoed
Gilfach
Bargoed
CF81 8PQ**

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Description of the service

Ty Clyd Care Home is located on the outskirts of Bargoed overlooking the Rhymney Valley. The home is registered to provide personal care for up to 30 people over 60 years of age which may include up to three people with a diagnosis of dementia. The home has a seven bedded assessment unit which aims to enable people to regain daily living skills. The home can provide respite care for one person. On the day of our visit we were told that there were a total of 22 people in residence at the home which included three people staying in the assessment unit, and one person staying for respite care.

The home is owned and operated by Caerphilly County Borough Council (the 'registered provider'). A nominated person acts as the responsible individual (RI) to oversee the management of the home on behalf of the local authority. The registered manager is Michelle Jones. The registered manager was present throughout the inspection visit.

Summary of our findings

1. Overall assessment

Ty Clyd provides a consistently high standard of care. People living at and visiting the home are very satisfied with the standard of care provided and are positive about their relationships with people working at the home. The home has benefitted from an ongoing programme of refurbishment and redecoration and it provides a homely environment which meets the needs of people living there. There is a dedicated and consistent team of care staff supported by a well- established, effective and visible management team.

2. Improvements

There were no non-compliance notices issued at the last inspection. Improvements have been made following the identification of areas where the registered persons were not meeting legal requirements, and recommendations for improvement made at the last inspection. These include:

- Recruitment practices met legal requirements.
- Safe medication administration practices were followed by staff.
- People's preferences and choices regarding their care were recorded and care plans provide up to date information, and guidance necessary for care workers to effectively meet people's needs.
- The home's smoking room had been relocated, and there was no odour of smoke within the home.
- People's needs were met promptly throughout our inspection visit.

3. Requirements and recommendations

There were no non-compliance notices issued following this inspection, and no areas of non-compliance were identified.

1. Well-being

Summary

People are settled, content and have good relationships with the staff that care for them. The home has a welcoming and homely atmosphere. People living at the home and their visitors are complimentary about the care and support provided at the home.

Our findings

People are able to exercise some choice and control over their every-day lives. We observed from staff interaction with people that consideration was given to peoples' wishes, likes and dislikes. We saw that people were able to choose where they wanted to spend their time, either privately in their bedroom or in one of the communal areas, moving freely throughout the home. We observed care workers asking people how they wished their individual care needs to be addressed, where they wanted to spend their time, and what they wanted to do. We examined care records and saw that peoples' individual likes and preferences were identified. One person told us what was particularly important to them which included how they liked to spend their time, and their preferences when settling to sleep at night. They said that staff were aware of their preferences and that they accommodated them. We saw that the person's care record accurately recorded their preferences. People told us that care workers offered a choice of meals and we saw that care workers asked people their preference of food and drink at lunch time. Therefore, people views and opinions are acknowledged promoting a sense of belonging and value.

People living at the home relate well and have good relationships with the staff that care for them, and are satisfied with the care they receive. We saw that care workers spent most of their time with people delivering care, participating in activities and generally chatting. Staff appeared to be aware of people's individual needs and responded to people with kindness and respect in a calm, unrushed manner. We saw that interactions between care workers and people were warm and kind, and for the most part meaningful. During our visit we observed staff interacting with people in a friendly, joyful, and respectful manner. We saw people uplifted by staff singing and their being encouraged to join in. People appeared to know the staff that cared for them and seemed comfortable, and at ease with them. People living at their home and their visitors were complimentary about the care they received, and were positive about their relationships with staff. Examples of what we were told are:

It's *'like a family'*

'Staff are good – they helped me to walk'

'They're busy people but they're very nice'

'They treat me wonderfully well'

'Staff are welcoming, we can visit any time' (relative)

'They should be very proud' (relative about the staff)

We conclude that people are happy and content living at the home and they have good relationships with the staff that care for them.

People are able to choose and participate in activities. Care plans we examined clearly documented peoples' likes, preferences and what was important to them. Examples of peoples' interest's included watching TV, reading books, and visits from friends and family. One person told us that their books and paintings had been important to them and that they

liked reading books about artists. We saw that this was clearly documented in their care records and we saw that they had their books close at hand in whilst sitting in the lounge. Another person enjoyed gardening, and they had been planting pots in the courtyard. We were told by one person that although staff arranged activities such as film nights, and concerts like the Bargoed Ladies Choir, people living at the home did not attend. Staff we spoke to confirmed that this, and we saw from the 'resident's meetings' that there appeared to be limited interest in discussing matters such as activities and events. However, overall people seemed content to be able to make choices about how they spent their time. Some chose to stay in their room watching television, reading or writing, some sat in the lounge, and others sat in the front foyer reading, knitting and chatting with each other and with staff. On the day of our visit we saw relatives and friends freely visiting the home, and they were made very welcome by care workers. People can therefore do things that matter to them and have opportunities to feel involved in life at the home and to participate in social/recreational activities in order to enhance their overall well-being.

People who may need it are able to receive their care in Welsh. The home provided an 'Active Offer' of the Welsh language. We were informed that none of the people currently living at the home spoke Welsh. However, we were told that four members of staff spoke Welsh, and that the home could provide an assessment in Welsh. During our visit we heard staff answering the telephone with a greeting in Welsh. Therefore people can receive a service in Welsh.

2. Care and Support

Summary

The home provides a consistently high standard of care. Care planning is 'person centred' and detailed and staff are knowledgeable about people's individual needs, and how their needs should be met.

Our findings

People receive person centred care focused on individual needs, preferences and wishes which is responsive to their changing needs. We examined three care files and found that these contained all the necessary documentation. We saw that care files were comprehensive and clear about people's identified needs and how these were to be met. For example two care files provided detailed information regarding the individuals' preferences at night time to facilitate a restful night's sleep. Care plans were person centred, relevant, and detailed the support care workers should provide to people in order to meet people's physical and emotional health needs. We saw that care reviews were carried out on a regular basis. We found that referrals were made in a timely way to relevant health and social care professionals. We saw from individual care records that people were referred to healthcare professionals for treatment when required such as the general practitioner, speech and language therapy, dentist, optician, community nursing services, and dietician. During our visit two healthcare professionals visited the home one for a routine visit and the other following a request to review a person who was unwell. A visiting professional told us they '*never have any concerns*', '*staff follow direction*' and that '*people seem happy and well cared for*'. Therefore, people receive the right care at the right time and in the way they want it.

People's medication is managed safely. Medicines were stored securely in a suitable locked medication trolley, located in a locked room. Records evidenced that daily temperature recordings of the medication fridge had been undertaken and were within a satisfactory range for the safe storage of medication. However, we saw that there were gaps in these recordings which meant that the temperature of the medication fridge had not been consistently monitored to provide assurance that medication had been stored within an acceptable temperature range. The registered manager provided assurance that this matter would be addressed. We reviewed a sample of people's medication administration records (MARs), and a sample of the home's records for the storage and administration of medications controlled under the misuse of drugs legislation, and found that they had for the most part been completed correctly. During our inspection visit we observed that medicines were administered safely, and good practice was adhered to on each occasion. This indicated that staff followed safe medication administration practice. Therefore, people are safeguarded by the home's medication procedures.

People are offered healthy and nutritious meals and drinks. People had access to healthy and varied food options. Snacks such as a choice of fresh fruit, biscuits and hot and cold drinks were offered throughout the day. The home had a three weekly menu and the home's cook told us that they discussed and reviewed the menu with people living at the home. A daily menu was displayed on a board in the dining room and people were given choice as to what they wanted to eat and drink. On the day of our visit we saw the lunch menu which included a choice of roast chicken or corned beef and vegetables, and fruit

crumble or strawberry gateaux for dessert. We were told that none of the people currently living at the home were vegetarian but that a vegetarian option would be made available if the need arose. We observed lunch being served and found it to be a quiet, relaxed occasion. We saw that most people ate their lunch in the dining room sat at round dining tables. Music was played quietly in the background, and staff chatted to people. We saw that there appeared to be little conversation between people. One person commented to us that people *'have lunch and go back to their rooms'*. However, people appeared to enjoy their lunch and people were very positive about the meals provided at the home commenting that the food was *'great'*, *'wonderful'*, and *'superb'*. The home had been inspected by the Food Standards Agency in October 2017 and had been awarded a food hygiene rating of 5 which is 'very good'. We conclude that mealtimes are a generally positive experience, and that people's nutritional needs are being met.

3. Environment

Summary

Since the last inspection areas of the home have benefitted from refurbishment and redecoration. The home provides a safe, comfortable environment, which is warm and welcoming. The home is well maintained and the décor is homely and has plenty of internal and external space for people to use as they wish.

Our findings

People benefit from a safe, clean and secure environment, the layout of which enables them to easily spend time privately or communally. The home provides accommodation on one floor built around a central external courtyard which was accessible for people living at the home. The home is split into three wings namely Pleasant View, Sunny View and Cerrig Camu, each wing had a lounge and accommodated ten people in individual bedrooms. The home's smoking room had been relocated to a smaller room since the last inspection. We saw that the door of the smoking room was secure, and there was no odour of smoke evident during our inspection. There was a visitor's room, a communal dining room and a hair salon. The décor in the communal areas was homely and welcoming, and the home appeared generally well maintained. There was domestic furniture, ornaments and artwork throughout the home and a piano in the dining room. There were sweets and snacks on a table in the lounge, and puzzles, games, and films were available. The home had a fish tank in the dining room and budgerigars in the foyer. People also appeared to enjoy sitting on the armchairs in the front foyer. People's rooms contained personal items of their own choosing, and people who wanted to, had photographs outside their bedrooms. We observed people and their visitors using the communal areas of the home freely according to their wishes. Two of the homes bathrooms had been recently refurbished. The home had sufficient bathing and toileting facilities for the people living and working there. The home's central courtyard provided an accessible outside area for people with seating, and plants which were tended by one of the people living at the home. The home was generally tidy, although we observed that a linen room should be tidied to ensure that items were all stored on the shelves available, and some equipment had been placed in the visitor's room. We were assured by the registered manager that this would be addressed. The home was very clean and free from unpleasant odours throughout. There was cleaning being undertaken throughout our visit. We concluded that the environment suits people's needs and is uplifting and homely.

People are cared for in safe, secure and well maintained surroundings. We found the entrance to the home was secure and visitor identity was checked before entering the property along with signing of the visitor book. We reviewed a sample of documentation and certification which evidenced that health and safety checks and measures in relation to portable appliance testing (PAT), gas installation and safety records, and electricity were satisfactory and up to date. We found that all confidential files were stored securely. Therefore, people are protected from harm, their safety is maintained, and their right to privacy respected within a secure environment.

4. Leadership and Management

Summary

People living and working at the home benefit from a well established and experienced registered manager who is visible and approachable.

People receive care and support from staff who are safely recruited and appropriately trained for the roles they undertake. Care is provided by a dedicated team of skilled and competent staff. The home has effective quality assurance systems, policies and procedures in place to promote safe practice.

Our findings

People can be sure that there are robust, transparent systems in place to assess the quality of the service they receive, which includes feedback from people using the service and their representatives. The home provided people with the opportunity to attend meetings where matters such as the mealtime experience, and activities were discussed. We saw that three monthly quality monitoring visits were undertaken by the responsible individual and a report followed these visits. We saw that there was an ongoing process to review of the quality of care provided at the home which included feedback received from people living at the home and their visitors, which was generally positive. We conclude that people are provided with opportunities to be consulted about the service, and that the registered provider demonstrates a commitment to quality assurance and constant improvement.

The home's vision and purpose is made clear through its statement of purpose. This is an important document which should be kept under review. It should provide people with detailed information about the services and facilities offered within the home and should also outline the home's underpinning philosophy and approach to care delivery. We examined the statement of purpose and the home's aims and objectives were clear and it contained all the information required. The document had been kept under review and was updated in September 2017. The service was reviewing the home's statement of purpose with a view to re registration. We concluded that the home provides clear information so that people know and understand the care, support and opportunities which are available to them.

People living in and working at the home benefit from the stability provided by an experienced and well- established registered manager who has a visible presence. We spoke to the registered manager and the deputy manager who were focused on the well-being of people living at the home. We found that people living at the home, their visitors, and staff knew who the registered manager was. We observed that interactions between registered manager, deputy manager, people living at the home, visitors, and staff were relaxed and friendly but respectful. People appeared able approach the registered manager and deputy manager with ease. Staff spoke positively about the support they received. Staff, people living at the home and their visitors told us that if they had any concerns they could approach to the registered manager and were confident that matters would be addressed. Some of the comments made about the registered manger (RM) included:

'RM is very supportive'

'I know who to raise any problems with here and higher'

We concluded that the management team is visible and approachable and that people are aware of the lines of accountability and leadership.

People are supported by a stable and dedicated care team. Staff we spoke to demonstrated job satisfaction and a commitment to working at the home and made comments such as '*I love it here*', '*I love the residents*' and '*I love it here, I love the people*'

The registered manager and staff told us that there were sufficient numbers of staff to meet the people's needs. We were told that any shortfall in staffing numbers was covered from the home's own team of casual staff, and that the home did not use agency workers. This ensured that people were cared for by familiar care workers. We examined three of the home's weekly staff rotas and found that staffing numbers were consistent with the needs of people living at the home. We observed that care was provided in a calm unrushed manner. We did not observe any unmet needs during our inspection visit. We saw that generally staff spent time sitting with people participating in activities, or chatting when not undertaking personal care. We concluded that staff have sufficient time to spend with people to ensure their emotional and psychological needs are met as well as physical and health care needs.

People receive care and support from staff who are safely recruited and appropriately trained for the roles they undertake. We examined three staff files which contained the required information to ensure their suitability and fitness. It was evident from the staff personnel files examined that the necessary pre-employment checks to ensure that staff were 'fit persons' to work at the home, such as references and disclosure and barring service (DBS) checks, had been completed and found to be satisfactory. Care workers told us that they had sufficient training to undertake their role competently. We saw that staff had achieved qualifications under the Qualifications and Credit Framework (QCF) and that training records contained details of training relevant to the care needs of people such as infection prevention and control, medication administering training and competency assessment, first aid, I Stumble, and protection of vulnerable adults. Policies were available to support practice at the home. We sampled three of the home's policy documents which had been kept under review, namely the complaints, safeguarding and medication administration policies. Staff told us that they felt supported, and the staff personnel files we examined evidenced that they had received regular one-to-one supervision sessions and an annual appraisal which reviewed their work over the previous year. Staff meetings were held regularly and minutes detailed that matters such as regulatory changes, training and care plan reviews were discussed. This indicates that staff are well led, supported and trained in a way that improves outcomes for people, and the process by which staff are recruited and vetted is sufficient.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were no non compliance notices issued at the last inspection, however, the registered persons were advised that they were not meeting the legal requirements in the following areas:

- Regulation 19 (5), Schedule 2.3 of the Care Homes (Wales) Regulations (2002). At this inspection the staff personnel files we examined met regulatory requirements.
- Regulation 13 (2) of the Care Homes (Wales) Regulations (2002). At this inspection we observed that safe medication administration practices were followed.
- Regulation 15 of the Care Homes (Wales) Regulations (2002). The care records we examined at this inspection contained up to date information and guidance to enable staff to care for people effectively.

5.2 Recommendations for improvement

We made the following recommendation for improvement at this inspection:

- The temperature range of the medication fridge should be monitored and recorded every day to ensure that medicines are safely stored.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 23 May 2018 between 09:40 and 16:45.

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

- Observations of daily routines, care practices, and activities at the home.
- Conversations with people living at the home and their visitors.
- Discussion with the registered manager, deputy manager and other members of staff.
- Discussion with a visiting professional.
- Examination of the care documentation relating to three people.
- Consideration of the home's quality assurance systems.
- Examination of the personnel files of three members of staff, in order to consider the recruitment process in place.
- Visual inspection of the building's interior and exterior.
- Review of three of the home's weekly staff rotas.
- Review of the home's previous inspection report.
- Review of the home's statement of purpose.

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

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home – Older
Registered Person	Caerphilly County Borough Council
Registered Manager(s)	Michelle Jones
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	26/11/2016
Dates of this Inspection visit(s)	23/05/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service
Additional Information:	