



Inspection Report on

Ty Gwilym Respite Centre

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Description of the service

Ty Gwilym is a care home registered with Care Inspectorate Wales (CIW). A respite service is provided at the home for up to four younger adults with a learning disability (aged 18 to 65 years) and in need of personal care. There are approximately 42 people currently accessing the service.

Caerphilly County Borough Council provides the service and there is a person appointed to oversee its operation who acts on behalf of the council, known as the responsible individual. The manager of the home is Beryl Gaynor Mazurczak who is registered with Social Care Wales.

Ty Gwilym is situated in, Energlyn, Caerphilly

Summary of our findings

1. Overall assessment

People are engaged in a range of activities of their choice within the home and local community. Relatives and representatives of people who use the service told us they are very happy with the care and support provided and were very complimentary of the service as a whole. Service user plans are up to date and person centred. The quality assurance systems within the home require improvement.

2. Improvements

Support plans have been updated and include sufficient detail. The external areas of the home have been developed.

3. Requirements and recommendations

Section five sets out details of our recommendations to improve the service and areas where the home is not currently meeting legal requirements. In brief these relate to:-

- **Quality assurance:** The registered persons should ensure that quality assurance processes are in accordance with regulatory requirements and serve to drive improvements in the home.
- **Notifications:** The provider is required to inform CIW appropriately of all events that affect the well-being of people staying at the home.

1. Well-being

Summary

Support provided by staff enables people to have a choice and express their preference in every day living. People benefit from recreational support provided within the home and within the local community.

Our findings

People using the service are satisfied with the care and support they receive, are supported to make choices and have good relationships with the staff. We spoke with three relatives who all commented very positively about the home. They said:

- *“Support is very good. They are marvellous in looking after (X).”*
- *“We see that the eyes of (X) light up. (X) can’t get out of the door quick enough to get there.”*
- *“(X) likes going there. They make (X) feel welcome. (X) calls it playtime.”*

We viewed a compliments folder that contained cards and letters of appreciation regarding the service people had received. We also spoke to staff who told us how they enjoyed supporting people who stayed at the home. One member of staff told us, *“It’s absolutely brilliant here. I really feel fulfilled in my role. I feel that I am doing some good.”* We examined support plans and saw peoples’ individual likes and preferences were identified. People were asked to be involved in completing pre-stay plans detailing essential information in relation to people’s preferences, personal care needs and any changes to individual routines. Therefore, we concluded people are happy and content staying at the home and they have good relationships with the staff team that support them to make everyday choices.

People are engaged in meaningful activities and have opportunities to access their local community. There was a welcoming feel in the home. We examined information within support plans for three people and noted there was a detailed activity plan on file for each person. We also saw respite summary forms were completed at the end of each respite stay included information on activity engagement. We noted a respite stay summary form on file for one person that described a person’s stay as, *“(X) enjoyed spending time in their room watching a DVD but was also very comfortable spending time with others.”* We spoke to a relative of (X) who confirmed this is what (X) enjoyed and what was important to (X). At the time of our visit we were told two people currently staying at the home were accessing a local activity centre. Staffing levels varied throughout the day to ensure people could be supported with their chosen activities. We saw photographs’ displayed within the home showing people enjoying organised activities and events. We conclude that people have opportunities to participate and engage in activities that matter to them.

People’s rights and best interests are understood and promoted. We saw where people lacked mental capacity to make certain decisions about their health and welfare the home had made the required applications to the local authority to ensure the care and accommodation arrangements were in people’s best interests and their rights were protected. However, we noted the home had not notified CIW that these applications had been made.

During our previous inspection we identified this was an area that required improvement. Overall, we judge that peoples' rights are respected and upheld, however reporting procedures require close monitoring by the provider.

2. Care and Support

Summary

People benefit from care and support that is delivered in a person centred manner. We found support plan documentation was suitably detailed and updated. Medication practices at the home were safe and supported people's health and well-being.

Our findings

People can be assured they will receive the right care, at the right time in the way they need it. The previous inspection identified not all support plans had been reviewed and updated where required. We saw pre-stay plans detailing essential information in relation to start dates, expected time of arrival, people's preferences, personal care needs and planned duration of stays. We examined three support plans and saw these contained comprehensive information that would give clear advice and guidance to staff supporting people. We noted support plans were person centred and promoted individuality. For example, we examined a personal hygiene support plan referring to the support required for one person, this plan included the following detail; *'(X) has gel in their toiletries bag for their hair, staff to style with the brush, (X) tends to have spikes on top and the front pulled up.'* We examined a personal plan for another person who had particular difficulties making decisions and choices, the plan indicated, *'If you occasionally give (X) two items to choose from they can indicate which one they want.'* We saw support plans had been reviewed and updated following our previous inspection, however, we noted within two of the support plans examined there was a lack of supporting evidence to show people or their representatives had been included in the review. We spoke to the registered manager and discussed our concerns who gave assurance that this was an area of improvement the home was focussing on. We saw written guidance provided by the home reflected the needs identified in assessments. Therefore we judge people benefit from a service that has up to date written guidance to enable staff to meet with the current needs of people using the service.

Medication systems within the home are robust. We saw pre-stay plans detailing people's medication requirements including any changes that required implementing. During the inspection we undertook a partial check of the medication administration records (MAR's) and found records were accurate and up to date. CIW were notified of a medication error that occurred at the home in March 2018. We were informed this matter would be investigated and discussed with the staff members responsible. We discussed this matter with the registered manager during our visit who explained the matter had been addressed with the staff concerned, however this was not documented. We examined team meeting minutes that revealed this matter had been recorded, although the minutes referring to this concern were very brief. We conclude that current medication practises are of a good standard to support people's health and well-being outcomes.

People have access to health and social care professionals and services. We saw evidence in individual support files that staff had liaised appropriately with health and social care professionals. We spoke to the registered manager who informed us of the various health professionals that support people who use the service. We viewed hospital information/passports were held on file for three people and noted this information had not been updated for a number of years. It is vital health information for people using the service is up to date and reviewed on a regular basis so accurate information can be

shared with secondary healthcare services, if required. Based on the above we concluded people have access to appropriate help and advice when required to support their health and well-being, however some information requires updating.

3. Environment

Summary

People stay in a comfortable and well-maintained home. The home is warm and welcoming and provides a clean environment for people who access the service. The outside areas of the home are attractive and inviting.

Our findings

People benefit from a safe, clean and homely environment. The décor in the communal areas was homely and welcoming, and the home appeared well maintained. We saw tasteful pictures displayed throughout the home alongside photographs of people enjoying activities and themed events. Bedrooms were spacious and contained appropriate furnishing. We saw the home was clean and tidy throughout. We saw the rear and front gardens had been developed recently and were very attractive and inviting. Garden areas contained a coloured themed fence and furniture, novelty plant holders, hanging baskets and a herb garden. We noted the rear lawned area was not accessible to people who had limited mobility and required the use of a walking aid or wheelchair. We discussed this with the manager who informed us the majority of people who stay at the home would not be able to access the lawned area, although it was acknowledged that alternative outside space was available. Thus people's well-being is enhanced by having access to a clean and homely environment which is a pleasant space in which to stay.

Health and safety within the home is mostly maintained. We found the entrance to the home was secure and visitors' identity was checked on entering the property along with signing of the visitors' book. We did note specialist lifting equipment testing records were not available at the time of inspection. We observed the date of the last inspection recorded on the equipment July 2017. This equipment is required to have six monthly safety test with documentation available at the home to authenticate this. We noted the home's indemnity insurance certificate was displayed in a communal area had expired March 2018. We viewed a contractor's file that showed a list of minor works completed and was also being utilised for any day to day maintenance issues. We saw medication was stored securely. Therefore, we judge people are supported in an environment which is safe and appropriate to their needs, although some improvements are need.

4. Leadership and Management

Summary

The general oversight of the home by the provider requires strengthening. Systems are in place to monitor the quality of the service however these require improvement.

Our findings

The general oversight of the service could be improved. The registered manager is supported by a deputy manager who works on a part-time basis. The previous inspection identified quality assurance processes within the service required improvement. During this inspection we examined minutes from a quality assurance meeting held between the responsible individual and the registered manager for March 2018 and June 2018. These meeting minutes lacked feedback from residents/relatives and staff to form an opinion on the running of the home. The provider is required to visit the home at least once every three months in accordance with the regulations, meet with people living and working in the home in order to form an opinion on the standard of care provided.

At the time of our inspection the annual quality review report for 2017/2018 had not been completed. We were told by the manager stakeholder questionnaires had not been completed for this period. We were given assurance that this will be given priority. We were also informed the six monthly newsletter last published in January 2018 had not been completed. We were shown minutes from a quality assurance meeting April 2018 between management, staff and representatives. We noted one member of the support staff was present at this meeting alongside the manager and deputy. We also noted only two representatives were present at this meeting. During the inspection we were informed that approximately 42 people are currently accessing the service. To ensure the registered provider is fully meeting the legal requirements, the provider should obtain the views from service users, representatives of service users, any local authority which has arranged accommodation of a service user at the home and staff employed at the home on the quality of care provided. This information should be collated and a report written which must be available to people using and involved in the service, and to CIW.

We also noted (as detailed in the report) the home had not notified CIW of all recorded events which have affected the wellbeing and safety of service users this includes the requirement to notify CIW of the relevant applications to the local authority requesting a deprivation of liberty safeguards. Therefore, we judge the leadership and management of the home requires further improvements in order to comply with regulatory requirements and to drive service improvements.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the previous inspection the following area of non compliance, with the Care Homes (Wales) Regulations 2002 was noted:

- Service user's plan (Regulation 15(2) (c)): The registered person had not ensured that people's service plans were reflective of their current needs.

At this inspection, we were satisfied that the regulations were complied with. We saw support plans had been updated and contained sufficient personalised information.

5.2 Areas of non compliance identified at this inspection

We have advised the registered persons that in order to fully meet legal requirements improvements are needed in relation to:

- Review of Quality of Care (Regulation 25 (2) (b)): The provider had not obtained the views from service users, representatives, staff and any local authority which has arranged for the accommodation of a service user in order to inform an opinion of the standard of care provided as part of the review undertaken.
- Visits by the Registered Provider (Regulation 27(4) (a)): The provider had not obtained views from the service users and their representatives and persons working at the home in order to inform an opinion of the standard of care provided in the care home.
- Notifications (Regulation 38(1) (e)): The registered person had not without delay informed CIW of all events in the care home which effected the well-being of any service user.

We did not issue a non-compliance notice on this occasion as we did not identify any immediate or significant adverse impact to residents. However, we expect immediate action to be taken to address these areas, which will be considered at our next inspection.

5.3 Recommendations for improvement

- The registered person to ensure hospital information/passports are updated for all people using the service.
- The registered person to ensure all medication errors are investigated, documented and lessons learned put into practice.
- The registered person to ensure support plans are signed by either the service user or their representative.
- The registered person to review external areas to ensure spaces are fully accessible to people accessing the service.
- The registered person to ensure all lifting equipment is tested at specified intervals and certificates are available at the home.
- The registered person to ensure the current indemnity insurance certificate is on display.

6. How we undertook this inspection

We undertook a focussed inspection to test previous non compliance at the home following the last inspection. Our visit to the home was unannounced and undertaken on 14 August 2018 between 10.00 and 15.10. The following were used to inform our report:

- We considered the information held by us about the service, including the last inspection report and notifiable events.
- Discussions with the registered manager and deputy manager.
- We toured the home and considered the internal and external environment.
- Discussions with three relatives.
- Discussions with two members of staff.
- Examination of three service user support plans and associated documentation.
- Examination of two medication administration records.
- Examination of responsible individual/registered managers meeting minutes March and June 2018.
- Consideration of quality assurance meeting minutes April 2018.
- Consideration of accident records.
- Consideration of records of compliments and complaints.
- Consideration of team meeting minutes.

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

www.careinspectorate.wales

7. About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Caerphilly County Borough Council
Registered Manager(s)	Beryl Mazurczak
Registered maximum number of places	4
Date of previous Care Inspectorate Wales inspection	24/01/2018
Dates of this Inspection visit(s)	14/08/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards the 'Active Offer' of the Welsh language.
Additional Information:	