



Inspection Report on

Ty Dyfan

**Ty Dyfan
St. Brides Way
Barry
CF63 1DU**

Date Inspection Completed

22 October 2020

Welsh Government © Crown copyright 2020.

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
You must reproduce our material accurately and not use it in a misleading context.

About Ty Dyfan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Vale of Glamorgan Council Adults and Children's Services
Registered places	27
Language of the service	English
Previous Care Inspectorate Wales inspection	6 January 2020
Does this service provide the Welsh Language active offer?	This was a focused inspection; we did not consider Welsh Language Provision on this occasion.

Summary

This inspection was unannounced. Marijke Jenkins is the responsible individual (RI) for the service and the manager is registered with Social Care Wales, the workforce regulator in accordance with legal requirement.

There are sufficient staff on duty to provide prompt assistance and well trained staff deliver care that meets people's needs. People receive support from staff who show respect and kindness. Staff respect the rights and choices of each individual. People's voices are heard and their opinions valued. People sometimes receive a range of social and recreational support in accordance with their interests, however this is restricted at this time due to phased refurbishments throughout the home

The management team is visible and engaged in the day-to-day running of the service, and systems are in place to ensure the quality of the care and support provided. Care documentation has improved and reflects the care and health needs of people.

The home environment is clean and secure but requires improvement to its decoration. There is a full refurbishment plan in place for 2020 to 2021 to address this. Due to the COVID-19 pandemic these refurbishment plans have been delayed. People confirmed that they are able to approach the manager with any issues and that they receive regular support. The registered person maintains oversight of the service and of the quality of care.

Well-being

Care staff treat people with respect and have good relationships. During our visit, we saw staff interacting positively and people told us they had a good working relationship that was respectful. We saw staff putting people at ease through conversation and humour. People told us that they benefit from good relationships with the manager and staff.

The home environment is mostly suited to people's needs, People can move freely in accordance with their abilities and assessed risks. Bedrooms are personalised and communal living areas are spacious. At this time, visiting is restricted because of the COVID-19 pandemic, but under normal circumstances, people are able to receive visits from family and friends at any time. There are no activity coordinators employed at the home and staff spend time with residents to identify interests and hobbies, which they enjoy. The home enjoyed a recent fish and chip evening and we saw some arts and crafts displayed on the walls. People told us that, over the recent months (during the COVID-19 pandemic), they had been able to maintain regular contact with people that matter to them through virtual technology and telephone conversations. At this time there are only 12 people living at the home therefore this area needs to be reviewed as required to ensure people remain supported and do things that matter and make them happy.

People feel safe and protected from harm. The entrance to the home is secure. Arrangements for fire safety and general maintenance are in place. The home is overall clean and staff practice good infection control. We advised that appropriate sanitisation and personal protective equipment (PPE) is available at both the entrance and exit to the reablement unit on the first floor.

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed a calm, social time for people to enjoy. The chef told us of each person's dietary requirements and had a good understanding of people's likes and dislikes. The home has achieved a five star ("very good") food hygiene rating.

People's individual needs define their personal plan, and care and support is adapted to suit their situation. Risk assessments identify people's particular vulnerabilities and strategies for protecting them. They are reviewed regularly and as required, for example to reflect a change in support needs. There is documented evidence in care files of support from other professionals such as the GP and dietician.

Care and Support

People receive appropriate person centred care. We looked at three people's personal plans and found that referrals had been made in a timely manner to the relevant health and care professionals when the need indicated. Personal plans are important documents, which should outline a person's entire needs and the actions required by staff to support those needs. We found risk assessments carried out routinely or as required following an incident, they identify vulnerabilities for the individual and set out ways to keep people safe.

Personal plans contain detailed information regarding the individual's diagnosis, health and emotional needs. There was sufficient information to inform staff how to support and care for people with complex health and behavioural needs effectively and safely. They give a clear picture of the individuals' needs, likes and what matters to them. During our visit, we spoke with individuals who told us staff were marvellous and kind and helped them as much as possible. We saw staff available throughout the home and readily available.

Since the last inspection visit, we found incidents at the home are appropriately addressed in accordance with the regulatory requirements.

Medication management policies and staff training are in place to ensure safe practice. The medication administration records (MARs) have regular audits and any shortfalls noted, so the service can take appropriate action, for example retraining or updating staff. We found the MARs on the reablement unit did not contain all the required information and this area was brought to the manager's attention immediately.

Care staff know the people they support well; therefore, they can recognise any deterioration in health and well-being, and act accordingly. People mention they feel comfortable with the care staff who provide their support. Staff are using appropriate PPE to reduce the risk of infection and we saw sanitising areas throughout the home.

Environment

People are protected from environmental health and safety risks. The entrance to the home is protected and visitors have to ring to gain entry. The layout of the home promotes accessibility and independence where possible. Lounges and the dining room are easily accessible for people with reduced mobility. There are sufficient adapted bathrooms and toilets for people to use. Bedrooms are spacious and contained personalised items to reflect the occupant's taste and interests.

Refurbishment work had commenced at the home in March 2020 but had to be stopped due to COVID-19, these works are planned to commence at a future date. We were told by the manager the work remains scheduled as there are currently only 12 people are living at the home. Therefore works can be undertaken one floor at a time whilst all residents are living on the ground floor. We will consider the progress at the next inspection visit.

People benefit from a safe and secure environment. The environment is clean and as hazard free as possible. Window restrictors are in place and all cleaning chemicals hazardous to health appropriately locked. Regular fire safety checks are carried out and people have personal emergency evacuation plans in place. (PEEPs) These records provide up-to-date information for staff about the support each person would need in the event of a fire. All confidential files including care and staff files were stored securely in lockable areas.

Leadership and Management

There are systems in place to measure the performance of the service and the quality of care people receive. The registered person visits the home on a regular basis to speak with people and report on their findings. Following the visits, a report is produced which evidences that they consider the information in place, the home's performance, and speaks to people living and working at the home to measure their experience. There are arrangements in place to obtain views of people using the service, their representatives, staff and stakeholders.

People benefit from care staff who receive support from management. The care staff receive regular opportunities to meet with the manager to discuss their performance and set their personal goals. Care staff told us that the manager and registered person is visible, approachable and supportive.

Management told us that due to COVID-19 most training was being undertaken online. Personal protective equipment (PPE) training had recently been carried out and refresher training planned for all staff.

We examined the statement of purpose. This is an important document, which should outline the home's philosophy of care. The document demonstrated that the home has a focus on promoting "choice, independence, and dignity" and found that the home seeks to put these values into practice. Since the last inspection visit we found regular auditing of all care documentation and medication administration records were regularly carried out to identify risks, monitor quality and any improvement required.

Areas for improvement and action at the previous inspection

The service provider had failed to notify CIW of notifiable events which occurred at the home.	Regulation 60.	Achieved
The service provider had failed to ensure that care and support is provided in such a way which protects, promotes and maintains the safety and well-being of individuals.	Regulation 21 (1).	Achieved

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

Areas where immediate action is required

None	
------	--

Areas where improvement is required

The service provider needs to ensure regular auditing of the medication administration records (MARs) storage and administration of medicines on the re-ablement unit at the home.	Regulation 58(2)
--	------------------

We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection

Date Published 10/12/2020

No noncompliance records found in Open status.