



## Inspection Report on

**22 Tal y Wern**

**22 TAL-Y-WERN  
PORT TALBOT  
SA13 2LZ**

**6 February 2020**

07/02/2020

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## **Description of the service**

22 Tal Y Wern is a detached bungalow, situated in a residential area in Margam, Port Talbot. Tal Y Wern provides support and accommodation for up to four people who have a learning disability. The service is owned by Community Lives Consortium and the responsible individual is Lynda Rosselli. There is a manager in post who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

Tal Y Wern care home has a homely feel where people using the service hold meaningful relationships with the care workers. People are supported to maintain a social and independent lifestyle. The manager takes a hands-on approach in supporting the team as well as the people using the service.

### **2. Improvements**

This was the first inspection of the service since it registered with CIW in May 2019 under the Regulation and Inspection of Social Care (Wales) Act 2016. The Statement of Purpose and Service user Guide were being translated into Welsh and care recording documents were being reviewed in order for people to be involved in their care.

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

Section five of this report sets out our recommendations to improve the service and the areas where the service is not meeting legal requirements. These relate to the following:

- Personal Emergency Evacuation Plans to be more detailed.
- Infection Control
- Confidentiality

## 1. Well-being

People's physical health and emotional well-being is supported. We saw people actively engaged in the community and accessing a range of facilities from the hairdresser to going to a day service. They told us about where they had been and appeared excited about their plans for the day. People's activities were reflected in their personal plans and most files were reviewed three monthly in line with the regulations. People using the service were encouraged to be independent and their rights were upheld. We saw people moving independently around the home and it was clear there was an established sense of belonging. We observed people communicate openly with their care workers, laughing and joking - this evidenced meaningful relationships. Tal Y Wern had a very personalised and homely feel which was spacious and calm. One professional stated that this is an "*established home*" where everyone knows each other well. The evidence shows that people's physical health and emotional well-being are supported.

People are supported to maintain an active lifestyle which supports their interests. We saw in-house activities available to them if they wished. Activities included crafts, games night, beauty sessions, music sessions, movie night and karaoke. There were also activities in the community such as meals out, bingo and going to the hairdresser. During inspection we observed a well-staffed team and people accessing the community.

People live in an environment which considers the Welsh language. We were told by management that there were no Welsh speakers at the home. However, the responsible individual (RI) told us they were currently undergoing transferring documents such as the statement of purpose (SoP) and the service user guide into Welsh. We were told the company had some Welsh speaking staff. This means Welsh speaking people will be able to make informed decisions about their care and support at this home. Therefore the home is working towards the Welsh active offer.

People live in a safe and homely environment. The home was spacious and homely and met the needs of the people living there. People's bedrooms were clean and felt individual to them. Staff received appropriate training and there were effective recruitment processes in place to keep people safe. We saw staff files which included Disclosure and Barring Service (DBS) certificates and appropriate training. We observed a supportive management team who were visible and people using the service knew who they were. There were a range of quality assurance systems in place which were being maintained and updated by the management team. The manager completed regular audits and safety checks. Equipment such as wheelchairs and hoists were properly maintained, checked and kept clean. We saw regulatory visits from the RI which involved the feedback of people using the service and care workers. People using the service appeared happy and content. People live in a safe and homely environment.



## 2. Care and Support

Care is delivered in a way that considers personal wishes, aspirations and outcomes. We reviewed two people's personal plans which were very detailed. These consisted of three separate files. We discussed with the Manager and the RI the need to condense these to only include relevant information required. The files were detailed, clearly outlining care needs, tasks and some outcomes. There were some authoritative language used regarding a document called 'House Rules'. Language and commands such as 'always eat at the dining table' and 'no shouting'. We discussed people's right to choice with the manager and the RI and to consider removing these documents or adjust the wording. The RI told us these would be removed and that the files and their documents were currently being reviewed. Personal plans were reviewed within the required three month period, however we noted one plan had not been reviewed since August 2019. We discussed this with the manager and we were told this would be addressed. Personal details and history were captured within a 'one page profile', a 'pen picture' and an 'about me' document. This information was clearly utilised by care workers as they knew the people using the service very well. We discussed with the manager and the RI that plans need to be outcomes led. We were shown the new proposed paperwork which clearly identified people's outcomes. We saw that one person had been involved in their care planning but one had not. The RI showed us that the new documentation would enable staff to record people's involvement in their care planning. There were accurate and legible daily records although these failed to describe the emotional well-being of people using the service. We saw paperwork to evidence the involvement of the Local Authority and Health professionals. One healthcare professional praised the service on their open communication and honesty. We were told about people's reviews with the Local Authority. Such as meetings to ensure restrictions placed on people in their best interest were minimal and had been documented within a Deprivation of Liberty Safeguards authorisation. Personal plans seen also reflected the busy and independent lives of the people using the service. People were very active throughout the day, accessing the community. We saw meaningful relationships between care workers and the people using the service, where opinions and choice were respected. Care workers were compassionate and empathetic in their roles and had a clear understanding of the people they were supporting. This shows that care is delivered at a high level where personal outcomes are supported and promoted.

Medication management systems are safe and effective. Medication was securely stored in individual bedrooms. Medication was well organised and equipment was clean. Medication Administration Record (MAR) charts were completed correctly with no gaps. MAR codes were used appropriately and any detail was recorded on the reverse of the MAR effectively. Stock counts were completed and recorded daily. A stock count completed during inspection was also accurate. There were appropriate risk assessments and reviews in the MAR file. Room temperatures were recorded with no gaps, ensuring medication was safe to administer. We were told people received annual reviews of their medication and are supported when they needed to seek GP advice. Care workers told us they received

medication training and competency assessments and we saw in-date competencies within staff files. Medication systems in place were safe and appropriate to the people using the service.

### 3. Environment

Care and support is provided in an environment where facilities and equipment promotes achievement of outcomes, inclusive of safety. The bungalow was warm and welcoming. The home had a modern feel even though it included essential handling equipment such as ceiling hoists. The layout was open, spacious and clutter free and this enabled people to independently move around the home. The home was clean and fresh. One professional stated *“the home is always a clean and has a homely feel”*. There was a garden area as well as easy access to the community. The home had company vehicles which supported people into the community to access services. We were told by the care workers that equipment such as hoists and slings were cleaned and regularly checked to ensure their safe use. We saw a range of Health and Safety checks including fire checks, vehicle checks, legionella checks and equipment checks. Weekly fire drills and checks were completed appropriately. There were Personal Emergency Evacuation Plans (PEEP's) located at the front door and although these were updated January, 2020, they lacked in detail. We recommend that PEEPs be updated to include detail regarding the person using the service. Care and support is being delivered in a safe environment with appropriate equipment and facilities.

The service promotes hygienic practices to manage the risk of infection. The home appeared clean: However, we noted there was no bin in the bathroom and the bins used within the home needed to be updated. We saw plain mops and buckets being used which did not use the colour coding system in order to reduce infection. The laundry room was well maintained and control of substances hazardous to health (CoSHH) were locked and stored appropriately. We were told by the manager that people's clothes were washed separately and the laundry room remained open for people using the service to use where appropriate. We saw care workers using appropriate Personal Protective Equipment (PPE) and we were told by the care workers they had received training in this area. We saw a staff training matrix which reflected this.

We recommend that the service considers guidance from the Health and Safety Executive regarding infection control within care homes. The service requires some improvements in relation to infection control.

Information is stored safely and appropriately. We saw that people's main care files were kept in a locked cupboard. We discussed the importance of having the complaints policy displayed and accessible. We reviewed staff files which were held safely and securely at the companies head office. However, we noted that staff certificates were displayed on the wall in the home and we advised that these be taken down due to General Data Protection Regulation (GDPR) and in order to sustain a homely feel. We also noted unlocked drawers which held confidential and personal information were easily accessible in the home. We recommended these were locked or archived where appropriate. Therefore some storage systems need to be reviewed within the home in order to ensure that documentation is safe and secure.



## 4. Leadership and Management

The service has mechanisms in place to safeguard vulnerable individuals. The home had a signing in book and care workers requested to see our identification on arrival. We saw appropriate use of Deprivation of Liberty safeguards (DoLs) in place for people using the service. We also saw where appropriate professionals were involved in people's care such as best interest meetings and mental capacity assessments. We were told by a healthcare professional that the home used advocacy services where appropriate and that management were open and honest in reporting concerns. The manager had quality assurance systems in place, such as an annual review. The manager ensured that any concerns or safeguarding's were being appropriately logged. We saw a 'hands on approach' from the management team and we were told by staff that the manager was very involved and supportive "*whatever you need, she will help*". A healthcare professional also told us that the manager is a "*proactive manager*" and "*very good at reporting concerns*". Care workers knew how to report concerns to the manager and the police. We saw the RI's three monthly visits were being carried out as required by regulation and that all the staff were registered with Social Care Wales (SCW) or going through registration. There were good systems in place for induction, training and shadowing of new staff. However, we noted that some induction documents had not been signed by the care worker and manager. We saw in-date Disclosures and Barring Service (DBS) documents in place for staff within the files we reviewed. The people we saw using the service appeared confident, happy and content. The service has appropriate systems in place to safeguard the people using the service.

Quality assurance systems are in place supporting the smooth running of the service and enabling people to achieve their personal outcomes. We reviewed the SoP which had some dated information regarding management positions. The provider informed us these were out of date and provided us with an up to date version immediately. The SoP also included detailed lists of care workers and we advised these be removed. There was a quality assurance policy in place, but this needed updating to include the RI's responsibilities. We saw that regular audits were completed, such as a Health and Safety audit. We saw a quarterly report was completed inclusive of photos of activities, management issues, care hours and updates of people's needs. The RI had completed the required three monthly visits and these were detailed and included feedback from people using the service and care workers. The RI also later provided us with the Quality Care Review required by regulation. The RI told us of new ways in ensuring the sharing of information between managers and the manager told us of the support received by the senior management team. We saw records of team meetings which were arranged and completed on a monthly basis. We were also shown monthly meetings held for people using the service. The service had very good quality assurance systems in place to support the smooth running of the service which enables people to achieve their personal outcomes.

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

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

- This was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Recommendations for improvement**

- Personal Emergency Evacuation Plan require more information regarding the individual.
- Infection Control – No colour coded system for cleaning equipment, use of the correct type of bins and to consider Health and Safety Executive guidance regarding infection control.
- Confidentiality – removal of care workers certificates from display ensure all private information is secure.

## **6. How we undertook this inspection**

This was an unannounced full inspection carried out by two inspectors. The visit was conducted on 6 February 2020 between 8:30am and 14:00pm. One inspector also attended the company's head office on the 7 February 2020 between 8:30am and 11:00am

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We viewed the home's indoor areas, including kitchen, lounge, office and bedrooms.
- We observed how care workers interacted with the people using the service to help us understand the experiences of people who could not communicate with us.
- We spoke with a healthcare professional and two members of staff as well as the manager.
- We viewed two people's care records and two staff members' records.
- We reviewed the home's statement of purpose (SoP) and compared it with the service we observed.
- We looked at a range of other records. These included:
  - Quality of Care review
  - Minutes from recent resident meetings
  - Staff training matrix
  - Report produced by the responsible individual following one of their visits
  - Safeguarding policy
  - Complaints policy
  - Records of compliments and complaints
- We provided feedback to the RI on 7 February 2020

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>Community Lives Consortium</b>
<b>Responsible Individual</b>	<b>Lynda Rosselli</b>
<b>Registered maximum number of places</b>	<b>4</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>3 December 2018</b>
<b>Dates of this Inspection visit(s)</b>	<b>6 February 2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Working towards</b>
<b>Additional Information:</b>  This is a service that is working towards an 'Active Offer' of the Welsh language; this means being proactive in providing a service in Welsh without people having to ask for it.	

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