



Inspection Report on

Tan Yr Allt House Ltd

**TAN YR ALLT HOUSE LTD
16 ALLTWEN HILL PONTARDAWE
SWANSEA
SA8 3AB**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

11 October 2019

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Description of the service

Tan yr Allt House provides nursing care for up to 16 people aged 40 years and over, primarily people who are living with dementia. The home is situated in Alltwen, near Pontardawe and is operated by Tan yr Allt House Limited, a subsidiary company of Fieldbay Limited. There is a manager in post with day-to-day responsibilities who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living in Tan yr Allt House are happy. Each person's voice is heard and their independence is promoted. Each person is able to take part in a range of activities in line with their own preferences and interests. People live in a well-maintained, homely environment where they lead fulfilling lives, which positively impacts on their well-being. The home has an enthusiastic staff team who want to make a positive difference to peoples' lives, where people are placed at the heart of the service. There are clear systems in place that monitor the quality of care provided and ensures action is taken to address areas that require improvement.

2. Improvements

The service was recently registered under the new Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

None.

1. Well-being

Our findings

People receiving support from Tan yr Allt House, together with their families and/or representatives, know what care and support is available to them. We found that people had access to information designed to enhance their overall well-being. The home had an up-to-date statement of purpose that described how it provided its service and care records showed that people had been able to contribute to decisions affecting their lives. We saw evidence that people had been consulted about their care and support during their initial assessment and development of their personal plans. The service regularly asked people about their care and support, to ensure they were happy. Care workers treated people with dignity and respect, empowering people to make decisions for themselves wherever possible. People told us they felt confident in the abilities of all the care workers who supported them. Records showed that care workers had completed appropriate training to assist them in meeting people's needs. From this, we conclude that people experience a service that matches their expectations.

People are able to speak for themselves and contribute to the decisions that affect their lives, or have someone who can do it for them. Care and support is provided in consultation with the person being supported. People and their relatives told us they felt their views were considered; we noted care records recorded each person's personal preferences, background and family history and described what was important to the person. We saw care workers had a good knowledge of people, and always referred to each person they supported in a positive light - it was clear they knew the people they supported very well. A keyworker system was in place to support the development of relationships between people and care workers. Care workers told us that keyworker relationships were an effective way of ensuring that people and their relatives received the support and information they needed. The manager issued surveys in order to receive feedback from care workers, people in the home and their relatives, and healthcare professionals involved in people's care and well-being. In addition, we saw that resident and relatives' meetings for people to raise any issues they wanted to discuss with the management of the home. Therefore, people contribute to the decisions that affect their lives, or have someone who can do it for them, in order to have their individual identities and routines recognised and valued.

People are supported in a safe, homely and well-maintained environment, that has robust safeguarding systems in place. People are safe, and their privacy and personal information is well protected at all times. There was a relaxed atmosphere in the home that helped people and their relatives feel at ease. The building was easy to navigate for people to visit friends and receive visitors where they wished. We found the home to be well-maintained. There was a clear process of regular auditing and safety checks being carried out, with safety measures put in place where necessary, such as after any incident or accident, where the causes were scrutinised in order to prevent a reoccurrence. People were supported by care workers who have been through the provider's rigorous selection

process and who were regularly monitored to ensure that they were providing appropriate practice to meet people's needs. This illustrates that people are safe, and risks to their health and well-being are minimised.

People live in an environment which considers their Welsh language needs. The home provides an 'active offer' of the Welsh language. This means being proactive in providing a service in Welsh where preferred, without people having to ask for it. A small number of care workers were fluent in Welsh and some people who were living with dementia were known to have spoken Welsh in the past, and their support plans recorded this. The statement of purpose and written guide were both available bilingually and the home was able to translate other documents into Welsh on request. This means Welsh speaking people are able to make informed decisions about their care and support.

2. Care and Support

Our findings

Overall, people can feel confident that there is an accurate and up-to-date plan for how their care is to be provided in order to achieve the best possible outcomes for each person. Senior staff carried out initial assessments before people moved into the home. Care records were well organised and provided up-to-date information about the person they described. We saw that people's general health was promoted. For example, any risks to people's health and well-being were clearly stated, and control measures put in place to minimise these risks. This ensured people who were at risk of falls, weight loss or developing pressure sores had the relevant safeguards in place. We saw Malnutrition Universal Screening Tools (MUSTs), food charts, GP referrals and oral health plans. There was evidence of a multi-agency approach in people's care records; each person's care records contained assessments of their physical and mental health, together with up-to-date risk assessments that promoted people's well-being by empowering the person to be as independent as possible.

The provider has their own speech and language therapist, two occupational therapists, a physiotherapist and a psychologist, so the home was able to access this expertise whenever necessary. We saw assessments and reports for all health-related issues, and where a person was unable to discuss their own care and well-being as they were living with dementia, the home took information from their friends and relatives. We saw people's safety was promoted by the use of Personal Emergency Evacuation Procedures - these documents described the level of support required in order to assist people to evacuate to a safe place in the event of an emergency. People and their families were invited to be involved in their relative's care reviews to ensure their opinions were heard. Daily recordings showed that people were being supported in line with their personal plans. This evidences that the support people receive is person centred because people are involved in their care provision and as a result, feel listened to.

A robust process for medication management was in place. Medication administration records contained each person's photo and there were no omissions or hand-written entries in the records we viewed. Controlled medication was appropriately stored and recorded and returned medication was logged. All medication was stored in locked cupboards in the locked medication room. The system for ordering and storing medication was robust. The manager told us that they undertook regular spot checks of care workers administering medication. The care workers' training matrix showed that all care workers who administered medication had been suitably trained. Daily recordings of the medication room temperature were taken. This is because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. From this, we conclude that people can expect to have their medication managed safely.

As far as possible, the home takes appropriate steps to safeguard people from neglect and abuse. We saw any risks to people's health and well-being were clearly stated, with control measures in place to minimise these risks. People who did not have enough awareness of safety to spend time outside by themselves had best interest meetings arranged and standard Deprivation of Liberty Safeguard (DoLS) authorisations in place. This meant that any restrictions were minimal and had been approved in the best interests of the person. Care workers recognised their personal responsibilities in keeping people safe. They were aware of the whistleblowing procedure and were confident to use it if the need arose. They said they would go to the manager initially, but would go to external agencies such as the local safeguarding office if they thought they needed to. Within employee training records, we saw that safeguarding training had been completed. This illustrates that the home has systems in place to protect people from abuse and harm.

People are encouraged and supported to make choices and decisions about how they spend their time. We saw that activities people took part in were referenced in their care records as being activities that they enjoyed. Each person had a weekly timetable, but a senior staff explained that these plans were easily adapted if people changed their minds. We saw photos in communal areas of people enjoying a variety of activities, such as parties, day trips and visiting places of local interest. Recently, people had gone bird watching, had massage therapy and exercise classes, watched the rugby World Cup on TV, visited a local church in Pontardawe, enjoyed film afternoons, made cakes and joined in with music therapy. We also noted that people enjoyed going to a local 'dementia memories' choir. We were shown a great deal of evidence in people's care records of completed weeks' activities, where care workers' signatures denoted what each person had achieved that week. All activities were risk assessed in order to keep people safe. This demonstrates that people are encouraged to participate in activities that are important to them.

3. Environment

Our findings

The layout of the home promotes accessibility and independence where possible. The home was warm and had many spacious areas for people to use. Lounges and the dining room were easily accessible for people with reduced mobility, as well as a space at the front of the building with picnic tables and at the back, where people could spend time with relatives. There were sufficient adapted bathrooms and toilets for people to use and all rooms had en suite facilities. Each bedroom we viewed was spacious and personalised to reflect the occupant's taste and interests. People told us they felt happy and comfortable. This illustrates that people receive care and support in an uplifting, homely environment that helps each person to achieve their personal outcomes.

People are protected from environmental health and safety risks. The manager regularly checked the call bell system, manual handling and that all cleaning materials and disinfectants were stored correctly, in line with the COSHH (Control of Substances Hazardous to Health) Regulations 2002. The provider had their own maintenance team, who ensured that all maintenance, environmental safety audits and any repairs were being carried out as planned, these included checks of wheelchairs, hoists, beds and window restrictors. We examined maintenance records, including fire safety records such as fire equipment checks, alarm tests and fire drills, and water temperature checks. This evidences that people receive care and support in a well-maintained and safe environment, that helps each person to maintain their personal well-being.

Confidentiality is maintained throughout the home. We saw that care records were stored electronically and were only available to employees who were authorised to access them. Other personal information that was not available electronically was stored in a locked office, and was only accessible to the manager and senior staff. In addition, people were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and were requested to complete the visitor's book when entering and leaving. This shows that people receive care and support in an environment where their well-being, privacy and personal information is well protected.

4. Leadership and Management

Our findings

There are clear systems in place to monitor the quality of support people receive. We saw documented evidence of regular visits by the RI as part of their responsibilities under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Records of these visits evidenced a variety of discussions with people, their family members and professionals involved in their care and were used to check the overall quality of support provided, and asked for any improvements that could be made. We saw from reports that all people interviewed during the two most recent visits were positive about the home.

Regular audits monitored medication, infection control measures, and record keeping. From these, we saw that any issues that arose were resolved in a timely manner. A complaints policy and procedure was readily available and we noted that all complaints received since the last inspection had been responded to promptly by the provider. We saw emails that evidenced that each complaint had been resolved to the complainant's satisfaction. Surveys were provided to care workers, people in the home and their relatives, and healthcare professionals involved in people's care and well-being. We saw a selection of responses from people and their families and saw they were complimentary. Regular resident and relatives' meetings were held for people and family members to voice any concerns they had. From the most recent minutes, we saw that everyone who attended was generally happy with the service and support in the home. We saw that staff meetings were held to give care workers the opportunity to discuss service delivery and to keep up to date with developments in the service. This illustrates that people can expect to receive care from a service committed to developing a culture that ensures that the best possible outcomes are achieved for people.

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers to provide care and support required to achieve each person's personal outcomes. This is because there are suitable procedures in place to monitor care workers' recruitment, training and support. We viewed employee recruitment records and saw that the required employment checks were in place before new employees started to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. The home's induction programme was linked to individual learning outcomes and the 'All Wales Induction Framework for Health and Social Care' and care workers we spoke with felt it provided them with a good understanding of their roles and responsibilities. Thereafter, new employees received regular support from senior staff. Employee training records demonstrated that care workers were up-to-date with their essential training, and also undertook specific training that was relevant to the people they supported. For example, dementia care, nutrition in the elderly and dental care for those people who have a diagnosis of dementia. Employee supervision records and annual appraisals showed that care workers and senior staff were regularly given the opportunity to discuss any issues they wished to raise, in a formal setting and have the conversations

recorded. The manager confirmed that none of the nurses working at the home had any restrictions on their Nursing and Midwifery Council (NMC) registration. We saw evidence that the registration status of nursing staff had been checked annually. This demonstrates that well-vetted and trained care workers are available every day to provide the levels of care and support required for 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 of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

5.2 Recommendations for improvement

None

6. How we undertook this inspection

This was a full inspection, part of the CIW Review of outcomes for people living with dementia in care homes. We made an unannounced visit to the service on 10 October 2019 between 9am and 4.00 pm and an announced visit on 11 October 2019 between 9.30am and 2.00 pm.

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 walked around the premises, visiting people in their lounge, dining room and own bedrooms.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We met and spoke with seven people living in the home.
- We spoke with two care workers, two nurses, a senior care worker and the manager.
- We examined three people's care records and six employee records and training records.
- We looked at a range of other records, including the service's written guide.
- We reviewed the service's statement of purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Tan-Yr-Allt House Ltd
Manager	There is a manager in place who is registered with Care Council Wales
Registered maximum number of places	16
Date of previous Care Inspectorate Wales inspection	12/06/2018
Dates of this Inspection visit(s)	10/10/2019 and 11/10/19
Operating Language of the service	English and Welsh
Does this service provide the Welsh Language active offer?	Yes
Additional Information: <p>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.</p>	