



## Inspection Report on

**Ty Ynysawdre**

**Ty Ynysawdre  
Heol-yr-ysgol Tondu  
Bridgend  
CF32 9EG**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

## **Date Inspection Completed**

**10 December 2019**

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## **Description of the service**

Ty Ynysawdre is a care home run by Bridgend County Borough Council (BCBC), providing accommodation for up to fifteen people. The service is provided within a large extra care facility, which also provides supported living and affordable housing. This is a partnership scheme between BCBC and LINC Cymru Housing Association.

The Responsible Individual (RI) is Jacqueline Davies and there is a manager in post who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People benefit from a service that promotes their well-being. Individuals within the home have some opportunities to take part in activities of interest. People are treated with warmth and kindness by friendly staff and appear well cared for and happy. Personal plans and risk assessment are in place but require further development to ensure they reflect individual needs, goals and desired outcomes. Medication administration processes require improvement to ensure they are effectively managed. We found the environment to be well maintained and homely.

### **2. Improvements**

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

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

Section five of this report sets out the actions the service provider needs to take to ensure the service meets the legal requirements and recommendations to improve the quality of care and support provided to people in the care home.

These include:

- Policies and procedures are kept up to date.
- Personal plans to set out the individuals care and support needs and how they will be met.
- Robust arrangements for the management and administration of medicine.

# 1. Well-being

## Our findings

People's emotional needs are generally being met at Ty Ynysawdre. We found care and support was not always provided in consultation with the person receiving a service and individual plans lacked sufficient person centred detail to promote independence and choice. However, people were able to personalise their surroundings and were encouraged to make some decisions around the structure of their day. We saw that a range of activities that supported peoples' well-being were arranged each week. RI visits and quality care reviews were detailed and undertaken regularly, which included people's views on the service. The evidence found indicates people are not fully consulted on their care needs but are supported by staff who encourage choice.

People are supported in a safe, homely and well-maintained environment that has robust safeguarding systems in place. There was some evidence of auditing and safety checks being carried out, with safety measures put in place where necessary. The home's statement of purpose accurately described what support was provided and was readily available to people and relatives. People were supported by care workers who have been through the provider's recruitment process. Care workers knew the people they supported well, including how best to support them to achieve their goals, and demonstrated a good knowledge of the safeguarding process. Policies were in place but some required review to ensure they were current and relevant to ensure legal rights were recognised and supported. People told us they felt safe with care workers who provided their care and support on a daily basis. Overall, peoples' well-being is enhanced by the environment in which they live.

People are generally able to speak for themselves or contribute to the decisions that affect their lives, or have someone who can do it for them. People and their relatives told us they felt their views were considered, however care records needed to record family histories and describe what was important to the person. We saw that resident and relatives' meetings were organised for people to raise any issues they wanted to discuss with the management of the home. We found that personal plans did not evidence continued involvement of the person they described or their relatives. This illustrates that although peoples' views are considered and needs are mostly met, improvements are required in personal plan documentation.

## 2. Care and Support

### Our findings

People generally receive good care and support, however personal plans were not always personalised and goals/ outcomes unclear. We considered pre-assessment documentation for a sample of people living at the home. Senior staff carried out initial assessments before people moved into the home. Personal plans provided guidance for staff to follow; they followed a person centred approach in some domains, but would benefit from further development in others. Food and activity preference should be identified. Personal plans covered areas such as personal care, nutrition, elimination and mobility. However, we recommended that people's first language and communication needs were recorded. We found there was little evidence that people or their advocates had been involved in their care planning or review. We informed the provider that they were not meeting legal requirements. However, when we spoke with a visiting health professional they told us "*It's really good here*". One person told us "*I couldn't do without them*". We conclude that people can expect to receive the right care and support at the right time in the way they want it, to achieve their best possible outcomes, but improvements are required to documentation.

People are protected from harm as much as possible. We viewed the services' complaints and safeguarding policies. Staff told us they had received safeguarding training and were aware of whistleblowing and safeguarding procedures, and they would be confident to report any concerns if required. The rights of people who may be unable to make decisions regarding their care are protected. We saw the home applied to the relevant authority regarding a resident identified as potentially lacking mental capacity to make decisions about leaving the home independently. This is known as deprivation of liberty safeguards, (DoLS). It is a legal process which seeks to ensure care arrangements for such residents are proportionate and in their best interests. A relative told us "*X is very safe here*". We find the service has systems in place to protect people from abuse and harm.

People are happy with the care they receive and have positive relationships with staff. We saw some positive examples of care delivery when staff were interacting and supporting people. We saw people appeared relaxed, calm and comfortable in their home with the staff supporting them. Throughout our visit we observed staff having jovial conversations with people which indicated that staff and residents had a good rapport and relationship. We saw that people were content and happy living in the home and they experienced positive relationships with the manager and staff who supported them. A relative told us "*the staff are very respectful and always polite*". People living at Ty Ynysawdre benefit from staff that treat people with dignity and respect.

People are offered a choice of food and drink and receive appropriate support from staff at

mealtimes. We saw that people benefitted from a healthy diet with good attention to nutrition and hydration. We saw that the menus were varied with plenty of choice. One person told us *"the food is wonderful, plenty of it"*. The meals are prepared in the LINC kitchen. People are given a choice of whether to eat in the lounge at Ty Ynysawdre or visit the restaurant area within the larger facility. On the day of this inspection we saw a member of staff supporting three people to eat in the restaurant. Food portions were generous and drinks were available and accessible to people. Snacks and drinks were offered between main meals and at suppertime. We saw the kitchen had been awarded a 5\* rating with Food Standards Agency, which is 'very good'. People's health is promoted because their dietary needs are recognised and catered for.

People are provided with opportunities to engage in suitable activities. We saw there was a weekly programme of activities which people could take part in if they chose. We saw evidence of the activities being offered displayed in the entrance foyer. However, the manager told us they were very flexible, dependent on people's wishes on any given day. We saw that activities such as bingo, arts and craft and outside entertainers were offered. On the day of our inspection we saw some people engaged in colouring whilst other people had their nails painted. We saw that photographs of activities undertaken and people enjoying were displayed in the home's hallways. The manager told us that there were strong links with the local community and both the primary and secondary school visited the home. One bathroom is the 'spa' room where people can relax in a jet bath whilst watching television if they wished. We concluded that overall people have things to look forward to and do things they are interested in doing.

People generally receive the right care and support. This is because we saw that health needs had been identified and people had access to health services; appropriate referrals had been made. However, we found that medication practices required improvement. We found some gaps in MAR (medication administration record) charts. We also found that there was no written evidence of PRN ('as required' medication) outcomes when given. There were systems and processes in place to minimise risks associated with medication, however, they were not followed by staff at all times. We informed the provider they were not meeting legal requirements. Staff were trained and skilled to provide the care and support required by people living at the service and this was demonstrated through positive responses we had from people about their care, staffs knowledge and through our observations during the inspection. We spoke with a visiting health professional who told us *"I have no concerns, manual handling practices are fine, referrals are timely and appropriate, communication is good and instructions are followed"*. People are as healthy as they can be, as the service is responsive to, and supports with, accessing medical services.

### **3. Environment**

#### **Our findings**

People feel included, uplifted and valued because they are supported in a personalised environment that is appropriate to individual need. We saw people were relaxed and content whether they were in the lounge or their rooms. They told us that they liked their rooms and they also enjoyed spending time in the lounge. We saw that people's rooms contained some of their own furniture and possessions and they were decorated to a good standard. When we arrived we felt that the premises were welcoming and homely and when we toured the home we saw that it was clean and comfortable. One person told us "*they look after us, it's nice and they keep it clean*". Relatives told us that they always felt welcome when they visited. Another relative told us "*I'm perfectly happy, it's totally clean*". people live in an environment which is clean, comfortable and personalised.

People are protected from environmental health and safety risks. The building is owned by LINC and they are responsible for the majority of the maintenance checks. We looked at a sample undertaken by them. These included, water hygiene, water temperature checks, weekly checks for fire system, emergency lighting, emergency door release and fire escapes. We also noted that all staff had undertaken fire procedure induction training provided by LINC. Ty Ynysawdre also undertook electrical tests on portable appliances and we saw that hoists had been regularly serviced. We found that there was a close working relationship between the home manager and the facilities manager of the building, a communication book was also used. Overall, people are cared for in a safe environment which is designed to ensure that people's safety is promoted.

The need for confidentiality is anticipated and respected. Care records were safely stored and employee personnel records were kept securely in the manager's office. Deprivation of Liberty Safeguards (DoLS) records were easily referenced in the care records. In addition, people were safe from unauthorised visitors entering the building. Visitors had to ring the bell to access the overall facility. All visitors had to sign the visitor's book when entering and leaving. People's privacy and personal information is well protected.

### **4. Leadership and Management**

## Our findings

People can access information to help them understand the care, support and opportunities available to them. This is because we saw a statement of purpose and written guide available within the home. Copies of these documents were visible and available to view within the home. We found the home's statement of purpose had been reviewed and accurately reflected the service being provided and the values held by its staff. It outlined the range of facilities and services on offer, allowing prospective residents and their families to make an informed decision about possible placements there. We saw that policies and procedures were available for staff to access. We were informed that policies within BCBC were corporately reviewed. From discussion with the manager, we were told that the majority of policies remained fit for purpose, although they had not been formally reviewed on an annual basis. BCBC have a corporate system for highlighting any policies that require a review. We informed the provider they were not meeting legal requirements. The management and staff spoke passionately about providing a high standard of care and their commitment to this was evidenced through their enthusiasm and attentiveness. Overall, the values and vision of the service are clear.

People can enjoy being cared for by motivated staff who want to make a positive difference to people's lives. People can generally be confident that there is a sufficient level of staffing. We saw the staff rota which was completed in a timely manner. During our visit we saw that there were enough staff on duty to provide people with the support they needed when they needed it. We observed that staff were unhurried when carrying out their duties and took time to talk with people as they did so. Staff we spoke with said they enjoyed their jobs and found them rewarding. We recommended that staffing levels are reflective of what is recorded in the statement of purpose. Regular staff supervision provided opportunities for staff to identify training and developmental needs, whilst reviewing their personal attributes, knowledge, proficiency, interpersonal, decision making and management skills. Staff we spoke with told us "*I love my job*" and "*I enjoy it here*". An examination of staff files confirmed that staff members had been subject to the regulatory Disclosure and Barring Service (DBS) checks. We were unable to consider the recruitment records as they are held by the HR department. However, the manager and RI assured us that until all required checks were complete they were not given the 'go ahead' to arrange a start date for new staff. The training matrix we examined confirmed that most staff had either undertaken or had planned training relevant to the needs of the people living in the home. However, the manager told us that it was not fully up to date and that evidence of trainings undertaken had been kept in individual files. People are supported by a team who have appropriate knowledge and skills, and that staff are valued, supported and mostly trained.

There are some 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. 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. However, we saw a lack of monthly audits for all aspects of care and support, such as medication, environmental infection control and record keeping. A complaints policy and procedure was readily available; people and relatives told us they knew how to make a complaint if they needed to and were confident that the manager would listen to them if they did. We noted that there had been no complaints since registration. Resident and relatives' meetings were arranged for people and family members to voice any concerns they had. We found that staff meetings were held giving care workers the opportunity to discuss service delivery and to keep up to date with developments in the home. We saw how findings from incident reporting, audits and complaints were collated into a six-monthly quality care report which identified all actions to be taken from the findings and all planned improvements for the home. 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 them.

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

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



This is the first inspection following registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

## **5.2 Recommendations for improvement**

We found the provider is not meeting legal requirements in relation to the following regulations:

- Regulation 12 (4)(c) – The service provider must ensure the content of the policies and procedures are kept up to date.
- Regulation 15(1) – The service provider must prepare a personal plan that sets out the individuals care and support needs and how they will be met.
- Regulation 58(2)(c) – The service provider must have arrangements for regular auditing of the storage and administration of medicine.

We have not issued non-compliance notices on this occasion, as there was no immediate or significant impact for people using the service. However, we expect the provider to take action to rectify these matters, which will be followed up at the next inspection.

## **5.3 We made the following recommendations:**

- The manager must have a clear oversight of staff training.
- Staffing levels to be kept under review and be in accordance with the statement of purpose.
- Staff files to contain confirmation from HR department that all recruitments checks have been undertaken in accordance with Schedule 1 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.
- A clear system of regular audits to be implemented.

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. Two inspectors made one unannounced visit to the home on 10 December 2019 between 10.00 am and 5.00pm. We considered all four domains of the inspection framework, the well-being of the people living in the home, the quality of care and support, the environment and the leadership and management.

The following regulations were considered as part of this inspection:

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

The methodology used to conduct this inspection included:

- A tour of the home.
- Discussions with four staff.
- Discussion with the manager.
- Discussions with two people using the service.
- Discussion with other professionals.
- Scrutiny of four staff files.
- Scrutiny of the care files of two individuals.
- Scrutiny of other documentation, as detailed within this report
- We reviewed information about the service held by CIW
- We looked at a sample of policies, and auditing documents.
- We looked at the home's statement of purpose.
- 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.

Further information about what we do can be found on our website:  
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## About the service

Type of care provided	Care Home Service
Service Provider	Bridgend County Borough Council
Responsible Individual	Jacqueline Davies
Registered maximum number of places	15
Date of previous Care Inspectorate Wales inspection	New registration
Dates of this Inspection visit(s)	10/12/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	

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