



# Inspection Report on

**Tan-yr-Allt House Care Home**

**Tan Yr Allt House  
16 Alltwen Hill  
Pontardawe  
Swansea  
SA8 3AB**

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## **Description of the service**

Tan yr Allt House is registered to provide nursing care for up to 16 people aged 40 years and over. People currently being supported are primarily older people who are living with dementia. The home is situated in Alltwen, near Pontardawe. The service is operated by Tan yr Allt House Limited, a subsidiary company of Fieldbay Limited, which manages ten other services in South Wales. There is a manager in place who has day-to-day responsibility.

## **Summary of our findings**

### **1. Overall assessment**

We found that people living in Tan yr Allt House receive support that focuses on their needs and are supported to live their lives as they choose. The manager and responsible individual provide clear direction and ensure the staff team are well supported. Systems are in place to monitor the quality of care, and action is taken to address areas that require improvement.

### **2. Improvements**

The home has purchased an interactive TV to assist people in reminiscence sessions in the lounge.

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

None.

# 1. Well-being

## Summary

People are able to develop relationships, are listened to and their preferences are understood. People believe their views are valued and each person's rights are upheld.

## Our findings

People are listened to and their preferences are understood. We saw that people and/or their relatives were supported to be involved in decisions regarding their well-being. We spoke to one relative who said they were more than happy to tell the home everything they wanted to know, and added, *"They asked me everything I could remember about Mum."* Personal profiles described what was important to the person and recorded their personal preferences. Risk assessments supported people's choices by describing what needed to be done to reduce any risks. All information obtained was used to write detailed support plans and meant that care workers were able to support people as they wished. In addition, care workers were asked to complete a signing sheet to evidence that they had read each person's care records before they came to the home. Care workers we met were knowledgeable about people's interests and demonstrated a commitment towards providing people with good quality support. One care worker said, *"I feel I really know everyone here."* Where families were not available, the provider had sourced an independent advocate; we saw that one person was currently using the advocate for a particular issue that affected them. This demonstrates that the support provided is person centred because people are involved in their care provision and as a result, feel listened to.

People believe their views are valued. Care workers demonstrated a commitment towards providing people with good quality support and told us they gave people every opportunity to express any concerns they had. This was confirmed by our observations throughout the inspection; we saw care workers regularly checking people's welfare and supporting people sensitively when they needed personal assistance. We saw that some people were not always clear in their communication but noted that their care records were detailed and provided care workers with a great deal of information about the ways the person preferred to communicate. For example, one person liked to have conversations backed up in writing and would often reply in writing where they found it difficult to respond verbally. This means that people can expect to feel valued in this home.

As far as possible, the home has taken appropriate steps to safeguard people from neglect and abuse. The main entrance was kept locked by the use of a keypad. The manager explained that anyone who had capacity to leave the premises safely was provided with the code to exit whenever they wished. People who did not have enough awareness of road safety to spend time off the premises 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. All DoLS authorisations were retained in the relevant person's care records. Care workers recognised their personal responsibilities in keeping people safe. They were aware of the whistleblowing procedure and said they were confident about using it if the need arose. They told us that they would go to the manager or local safeguarding offices if they thought they needed to. They told us they had attended safeguarding training and employee training records we saw confirmed this. This evidences that the provider has ensured that employees are knowledgeable about safeguarding people in the home.

People were able to develop relationships with care workers and the people they live with. One relative told us, *"The staff spend a lot of time with people here and it shows."* We noted that care workers were respectful in their interactions with people and demonstrated sensitive support at all times. Each person appeared to be relaxed in the company of other people and care workers. We joined in with a reminiscence session in the lounge with the home's new interactive TV; this enabled care workers to access various films and music of the 1940s, and enabled people to see the words to the songs that they were singing along to. We also saw that care workers had created a jovial atmosphere that helped people feel at ease, with everyone offered the opportunity to be included in the session by shaking a tambourine or waving flags. A keyworker system was in place to support the development of relationships between people in the home and care workers. Each person's keyworker had been identified in their care records and care workers worked with people who they had built a good relationship with. One care worker agreed that from their perspective, keyworker relationships were an effective way of ensuring that people and their relatives received the support and information they needed. Two relatives agreed and one care worker added, *"It helps us get to know the family more easily too."* This illustrates that people are able to develop relationships as they wish, and have positive relationships with the care workers who support them.

## **2. Care and Support**

### **Summary**

People's individual support needs are understood, with access to specialist and medical support when necessary. Medication is managed appropriately and people benefit from a healthy diet. The home provides an 'active offer' of the Welsh language.

### **Our findings**

People's individual support needs are understood. 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 families in order to obtain the information required to support their relative appropriately. In this way, care workers were aware of people's support needs when they came to the home. People's care and support needs were clearly identified on electronic care records. All information was well-organised and easy to locate on the system. We saw assessments of each person's physical and mental health. Up-to-date risk assessments supported people to be as independent as possible; this included where the person was at risk of falls due to a reduced awareness of surroundings. There were clear systems in place that monitored people's healthcare needs, such as Malnutrition Universal Screening Tools and Speech and Language Therapy Assessments and people were able to access healthcare professionals such as their dentist or doctor when necessary. We noted that all medical notes were automatically recorded in the person's support plan on the electronic system, so that nurses and care workers had access to up-to-date information at all times. All care records were reviewed every month, or more frequently wherever support needs had changed, in order to remain current. People and their families were invited to be involved in their relative's care reviews to ensure their opinions were heard. From this, we conclude that people can expect to receive the right care and support at the right time in the way they want it.

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. Although people's support plans encouraged care workers to converse in people's chosen language, it was agreed there was no demand currently for Welsh-speaking support. However, the statement of purpose and service user guide were both available bilingually and the home

was able to translate any documents into Welsh on request. We noted that some care workers spoke some conversational Welsh. This means that Welsh speaking people can discuss their care and support in Welsh.

A good process for medication management was in place. We examined a selection of medication administration records and found that they were completed correctly. All medication was kept securely in the locked medication room. The system for ordering and storing medication was robust. Daily recordings of the temperature of the environment where medicines were stored were taken. This is because all care homes must maintain medication room temperatures below 25°C, in line with NICE (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. This evidences that people can expect to have their medication managed appropriately.

People benefit from a healthy diet and attention to nutrition and hydration. People were regularly offered drinks throughout the day. There was a varied menu which was reviewed regularly with the involvement of people in the service. People told us they liked the food on offer. Care workers knew about people's nutritional needs, and we saw that they followed relevant guidelines when they supported people to eat. We observed that each person received individual, thoughtful support from care workers at lunch. People were not rushed, the meal was used as a social event and it was evident that they enjoyed the meal. One person often preferred to eat with their husband in their room and we saw that care workers had arranged this for them. This illustrates that people's health is promoted because their dietary needs are recognised and catered for.

### **3. Environment**

#### **Summary**

Tan yr Allt House provides a comfortable and homely environment that is suitable for people's needs. People are supported in a safe environment and each person's confidentiality is respected.

#### **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 a small conservatory 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 rear with a gazebo, where people could spend time with friends and relatives. There were sufficient adapted bathrooms and toilets for people to use and all rooms had en suite facilities. One relative told us, *"Yes, it's got a nice feel to it. Always has."* 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 demonstrates that people can feel uplifted and valued because they are supported in an environment that suits them.

People are supported in a safe environment. We were shown a system of audits that monitored the environment. This included ensuring call bell system checks were up to date, and monthly audits of COSHH (Control of Substances Hazardous to Health) materials such as cleaning materials and disinfectants were stored correctly, in line with the COSHH 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 checks such as temperatures and legionella prevention. This evidences that people can feel valued because of the safe environment they live in.

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, such as DoLS records,

were properly protected as they were stored in an office, which we saw was locked, 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. From this, we can conclude that people are safe, and their privacy and personal information is well protected.

## **4. Leadership and Management**

### **Summary**

Procedures are in place to monitor care workers' recruitment, training and support. There are robust systems in place to assess and improve the quality of the service and there are people who are overseeing the service on a daily basis.

### **Our findings**

The provider has developed clear systems to monitor the quality of support people receive. A complaints policy was available in the office for anyone who needed it. Relatives we spoke with told us they knew how to make a complaint if they needed to and were confident that the manager would deal with anything they raised. We noted that there had been no complaints since the last inspection. We saw evidence of team meetings, where employees could discuss any staffing issues they wished to raise. Monthly audits monitored medication, infection control measures and record keeping. We also saw that weekly and monthly returns were currently being trialled by the provider to monitor all audits, accidents and incidents, safeguarding alerts, maintenance and any staffing issues that arose. However, we noted that much of the information being asked for in the monthly returns was duplicated in the weekly document; the provider is intending to review the system in the near future. We saw evidence of monthly visits by the responsible individual: these visits were used to check the overall quality of support provided in the home, and asked for people's opinions regarding any improvements that could be made. Surveys were given to people and/or their relatives; we saw that responses were complimentary about the home. The manager showed us how findings from surveys, incident reporting, audits and complaints were collated and summarised into an annual care review document which identified all planned improvements for the home. This evidences that people can expect to receive care from a service committed to continuous improvement.

There are suitable procedures in place to monitor care workers' recruitment, training and support. We viewed employee recruitment records and saw that all the required employment checks were in place before any new employee worked in the home. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. We noted that care workers had not always been offered the chance to discuss their concerns at regular, individual supervision meetings with senior staff over the past

year but saw that the issue was being resolved, with all care workers having attended an individual supervision meeting in the past two months. From employee personnel records, we saw that new care workers went through a thorough induction when they first started at the home. Employee training records evidenced that all care workers were up to date in their essential training, and that some care workers had attended specific courses that were relevant to the people they supported, such as dementia care, oral care and nutrition in the elderly. This illustrates that the provider has developed good processes to monitor employee recruitment, training and support.

People see accountability and know there are managers who are overseeing the service. It was evident that the manager had an open door policy; we saw them talking to several people throughout the inspection. In addition, the responsible individual is a regular visitor in the home and people appeared to be very happy to see them during our inspection. We observed that the manager was approachable and professional in their manner with the care workers and nurses on duty. We conclude that people can expect to have regular contact with the manager and senior staff members who are overseeing the care and support they receive.

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

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

None

### **5.2 Recommendations for improvement**

None

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 12 June 2018 between 09:15 and 17:50.

The following methods were used:-

- We walked around the premises, visiting people in their lounges, dining rooms 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 nine people living in the home and three relatives.
- We spoke with five care workers, one nurse and the manager.
- We examined five people's care records and six employee records and training records.
- We looked at a range of records, including the home's statement of purpose, service user guide, quality of care report and maintenance records.

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Adult Care Home - Older
Registered Person	Tan-yr-Allt House Ltd
Registered Manager	There is a manager in place who is currently undergoing the qualification to register with Care Council Wales
Registered maximum number of places	16
Date of previous Care Inspectorate Wales inspection	20/12/2016
Dates of this Inspection visit	12/06/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
<b>Additional Information:</b>  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.	