



Inspection Report on

Ty Afon

**10 FORDS ROAD
FLEUR DE LIS
BLACKWOOD
NP12 3XS**

Date Inspection Completed

14, 20, & 25 October 2021

Welsh Government © Crown copyright 2021.

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 Afon

| | |
|--|--|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Riverwood Housing Ltd |
| Registered places | 3 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | This was the service's first inspection since it registered in July 2018 under the Regulation and Inspection of Social Care (Wales) Act 2016 |
| Does this service provide the Welsh Language active offer? | The service does not provide an 'Active Offer' of the Welsh language |

Summary

Ty Afon is a care home, which is able to accommodate up to three residents. Rebecca Hemmings is the Responsible Individual (RI) who is accountable for overseeing the management of the service. The manager is registered with Social Care Wales, the workforce regulator and is supported by a deputy manager.

The home benefits from an experienced, skilled and consistent team of care workers. Staff turnover is low which allows for the care staff to know the people they support well. Staff are overall suitably recruited and trained, however we found some areas where this could be improved. Interactions between care staff and residents are positive, warm and dignified. The service recognises and respects what is important to people. Personal plans are detailed and clearly inform care staff how best to support each individual. Care staff record daily notes in good detail, which allows for effective review of the plans.

Inside, the home is clean, tidy and well decorated. However, outside we saw damaged and poorly maintained garden furniture and outdoor items. This requires attention to improve people's experiences of the outside areas. Infection prevention and control procedures are followed within the home, but the protocol for checking the COVID status of visitors prior to them entering was not sufficient.

Well-being

The service promotes people's rights and encourages them to have choice and control over their everyday lives. Resident's representatives told us that they are happy with the care and support provided and that communication with the home is excellent. People have autonomy over their own lives as much as possible and care staff know their likes and dislikes. Resident's individual needs and wishes are reflected within their personal plans. People are supported to engage in a range of activities, which are meaningful to them. Care workers understand the importance of getting to know people as individuals. They encourage people to express themselves and know what communication methods to use to help people to understand the information they are given. People have positive interactions with care workers.

Residents receive the support they need to maintain their health and wellbeing. The service completes a range of risk assessments and personal plans, which identify each person's care and support needs and how these can best be met. Individuals are supported to access medical and specialist services, as required. Care workers recognise when people need emotional support and provide this with kindness and compassion. Residents are encouraged to achieve individual goals that help to develop their skills and independence. People receive appropriate support with their medication, which helps to maintain their health. Residents have their own rooms, which are personalised to their own tastes. People have family photos, cards and collectables in their rooms, which gives a homely feel to their surroundings.

The service helps to protect people from abuse and neglect. Care staff complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy, which reflects the Wales Safeguarding Procedures and is kept under regular review. People are encouraged to share their views about the service they receive. The RI and management team monitor the service effectively to ensure it is provided to the best possible standard.

Care and Support

People receive the support they require, as and when they need it. Care staff interact well with residents, which evidences positive relationships. Care workers provide support with genuine warmth and compassion. People's representatives are complimentary about the service provided and the communication with the home. One person told us "*...the staff are so good; we have never had any issues*". Another person said "*the staff engage well with specific plans and are we work together on reviews...the communication from the home is excellent....people are well looked after.*"

People have choice and autonomy over day-to-day decisions. Resident's files contain all the required information including risk assessments and personal plans of care. These are reflective of the person being cared for and include their preference of how to be supported in various areas. The plans are regularly reviewed and updated according to any changes. Referrals are made to external health and social professionals as and when required. Records evidence that care staff are providing care and support in line with peoples personal plans.

Medication procedures are followed to ensure people receive their medication as prescribed. We found that medication, which had been administered, was accurately recorded on the persons Medication Administration Record (MAR) chart. We saw that MAR chart folders did not contain a recent photograph of the person, which it should. The RI assured us that this would be addressed. Protocols are followed for 'as required' medication which are regularly reviewed by prescribing medical professionals. We saw that the medication cabinet key was left in the lock, which meant that those not authorised to do so could access it. Care staff removed the key when we informed them and the RI assured us that staff would be more vigilant in future.

Infection prevention and control procedures were overall good but some improvements are required. We saw that care staff wear appropriate personal protective equipment (PPE) and wash their hands regularly. We also saw that temperatures of care staff and residents are taken daily and regular COVID-19 testing is carried out on staff. We were not asked for evidence of a negative lateral flow test result before we entered the property and did not have our temperature taken until we initiated these checks. We were informed that no one at the home had experienced any symptoms of COVID-19, which we later established was not the case. A staff member had experienced symptoms two days prior to our visit and was awaiting a test result. Effective protocols for visitors are essential in protecting those working and living at the home from the spread of COVID-19. We expect the provider to take action to address this and we will follow it up at our next inspection. The RI assured us that these protocols are now being followed.

Environment

The environment at Ty Afon is warm and welcoming with a homely feel. All areas of the home are well maintained and decorated to a high standard. People's bedrooms are personalised to their individual tastes. The home is well organised and clutter free, minimising the risk of trip hazards.

The rear garden had a damaged table, rotary line and a trampoline in a poor state of repair. We were told that the residents do not often access this area and the RI assured us that these items would be removed as a matter of urgency. We discussed with the RI that having sturdier garden furniture would improve people's ability to use the garden throughout the year.

People benefit from a secure environment, the front door is kept locked. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency. Increased cleaning is taking place due to the COVID-19 pandemic. We saw that the home is kept clean and tidy but some cleaning products were not safely stored, which the RI assured us would be addressed.

Leadership and Management

People benefit from effective leadership and management. The model of care described in the services statement of purpose accurately reflects the support provided. The manager, deputy manager and RI are all well respected, trusted by the care staff team and external health and care professionals. The home benefits from good staff retention, which supports positive relationships between care staff and residents. The care staff work well as a team, communication within the team and with those involved externally are good.

Throughout our visit, we saw there was a sufficient number of care staff on duty to support people. We reviewed four weeks of staff rotas, which show that the staffing levels are consistently provided. The manager usually works within the allocated staff numbers and has ten hours per week to carry out management tasks. This is flexible to the needs at any given time and can be increased if required; we saw that this is sufficient with the level of support provided by the RI.

The RI has undertaken regular quality assurance checks to ensure that the service is compliant with the regulations. These are evidenced in the RI reports, which are comprehensive and clearly identify the service areas to be improved as well as celebrating the home's successes. Feedback from residents and staff is used to inform the quality assurance process. The home promptly submits the required notifications to Care Inspectorate Wales (CIW) and the provider is open and transparent in their dealings with the regulator. The provider has relevant policies in place, which are kept under review.

We saw that staff personnel files are well organised and contain all of the required information. We spoke to the RI to ensure that full employment histories of staff are recorded to include months as well as years, which they agreed to address. Training compliance is good for care staff but some courses need to be refreshed for staff in important areas such as supporting people who lack mental capacity.

Care staff receive regular supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Care staff have the opportunity to attend regular team meetings and discuss the operation of the service.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---|--------|
| 56 | The provider has a protocol for people visiting the service but this was not followed on the inspection | New |

| | | |
|--|--|--|
| | <p>visit. The inspector was not asked for evidence of a lateral flow test result or asked to have their temperature taken prior to entering the home. The inspector was told that no staff or residents had tested positive for COVID 19 or had any symptoms in the preceding 14 days, which was not in fact the case. A staff member had experienced symptoms two days earlier and received a positive PCR test result later on the day of inspection. Disposable hand towels were not available in the downstairs staff toilet, these were replaced during our inspection visit.</p> | |
|--|--|--|

Date Published 08/12/2021