



## Inspection Report on

**Ty Melin Residential Home for the Elderly**

**Ty Melin Residential Home  
412-420  
Cowbridge Road East  
Cardiff  
CF5 1JL**

**Date Inspection Completed**

10 February 2022

**Welsh Government © Crown copyright 2022.**

*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](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Ty Melin Residential Home for the Elderly

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mary Griffiths
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	21 September 2021
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

This is a focused inspection to consider the areas of improvement required as a result of an inspection in September 2021. The provider has demonstrated that they have taken action to address the majority of the areas of improvement required. Further work is needed around quality of the content of documentation within the control of the responsible individual and oversight of the management of the service.

People's opportunity to maintain well-being has improved, in addition to records to evidence care plan review consultation. Risks around people's safety have been reduced. People are seen to be happy and supported by a team of people who show great care.

## Well-being

People's safety has been improved as the provider is now ensuring that good practice is followed around storage of medication and chemicals. Good practices around deep cleaning of parts of the kitchen, and keeping fire exits clear have also reduced the risks to people.

The mental health and physical health of people is now fully considered as the service is offering a variety of activities to support well-being. This needs to be developed further and sustained.

People are consulted about how the service can improve to meet their social needs. They are also asked for their views on the service by the provider to check the quality of care.

## Care and Support

As this is a focused inspection, this area has not been considered in full.

During the inspection visit to the service, people appeared happy and supported by kind care workers. People are well kempt. We saw people having choice of where to be in the home.

Records showing people or their representatives have been involved in care plan reviews now evidence the consultation required. This is an improvement that needs to be sustained. A program of activities has been developed in consultation with some residents through a residents' meeting. Records for individual residents show which activities they have chosen to take part in. We observe improvement in provision of activities for people but the program is not yet embedded. We expect the provider to continue to improve and develop this to support the well-being of people.

## Environment

An inspection, in September 2021, identified areas where the environment needed improvement. The provider has taken action to address this. We saw stairways, corridors and bedrooms with new flooring. The décor is refreshed. One bedroom is being fully refurbished. Deep cleaning of some areas of the kitchen is now being undertaken. Window restrictors are engaged. Fire exits are free from obstruction. The medication storage room and chemical storage cupboards are appropriately locked. Improvement is still required around safe practices in relation to keeping fire doors shut. We find that risks to people's safety is greatly reduced. We expect the provider to sustain the improvements made and complete the intended work to install mechanisms to hold doors open in a safe way.

## Leadership and Management

The provider is an individual who also has the role of the responsible individual (RI) for the service. They are registered with the regulator, Care Inspectorate Wales (CIW). Visits to the service are undertaken by the RI and these demonstrate consultation with people, families and staff. Reports are produced to record findings and these show some plans to address areas for improvement. Improvements have been made to address the regulatory breaches identified in September 2021, however, the RI is not evidencing that they supervise and assess the effectiveness of the manager and the management of the service. Monitoring systems are weak. Where documents or meeting records are in place, these do not reflect the improvements required to secure compliance. The local authority commissioning team is currently supporting the service to improve systems and oversight of the service. There is an expectation that the RI fully co-operates and engages in the inspection process not to do so could result in enforcement action being taken. The RI's supervision of the effectiveness and management of the service will be considered at the next inspection. While no immediate action is required, this is an area for improvement and we expect the provider to take action

CIW cannot be confident that the service is provided in line with a current 'Statement of Purpose' as the RI has not submitted an up-to-date document to authorities in line with requirements. Policies show a review date, with some changes made to show the content has been considered. Some policies, including the Safeguarding policy, do not reflect current guidance and legislation. Improvement is still required to ensure all policies are updated accordingly. While no immediate action is required, this is an area for improvement and we expect the provider to take action. This will be tested at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
6	Regulation 6. The provider is not ensuring the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Achieved

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
------------	---------	--------



12	Not all policies reflect current legislation and guidance.	New
66	The responsible individual is not effectively supervising the management of the service.	New
21	<p>Regulation 21 (1). The service provider is not ensuring that people are given opportunities to promote their emotional and mental well-being. The evidence for this is organised activities are very limited and not all inclusive. The activity diary evidenced that "Bingo" is offered on Thursdays. We were told that "Music and Movement" is arranged but had not been done for some time. Some individuals have a newspaper and care staff tell us that they help by doing nail manicures, but this is not sufficient and does not meet the activity offers as described in the statement of purpose. Though the current pandemic has prevented external providers from coming into the home to support activities, there is little evidence that the home has provided alternatives for people. The impact on people is that people's physical and mental health may not be maintained due to lack of opportunity and support.</p>	Achieved

**Date Published** 06/05/2022