



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

02/03/2023

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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	[Manual Insert]
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People like living at Ty Melin, develop warm relationships with staff and are supported to be as healthy and as active as possible. An activities programme is in place so people have opportunities to participate in positive stimulation and the provider is working to expand this. Care is provided in a dignified manner by an established staff team who are suitably trained. Documentation around care is good and the provider is developing this further so people's goals are documented.

A programme of refurbishment is nearly complete. The manager monitors the environment and takes action to address any issues identified; audits around this are being expanded to ensure there are no omissions. People enjoy the location of the home as they have access to parks and local high street shops and facilities. The home has plenty of space, has suitable equipment, and is clean, warm and bright.

The provider, who is the responsible individual (RI), has oversight of the service and monitors the quality of care. A manager is responsible for the day to day running of the service supported by a wider management team. The RI has improved supervision of the manager. They are also ensuring that policies, procedures and the 'Statement of Purpose' are being reviewed to contain current and accurate information.

Well-being

People are supported to access the right information that helps to improve their well-being. The provider has a 'Statement of Purpose' that outlines what the service offers and is available to people before they choose to live at the home. People contribute to the writing of their personal plans through a pre-admission assessment where information is gathered about the person, their needs and aspirations. Personal plans are reviewed regularly with the person so they can help make changes to their support if required.

All staff, including the RI and manager know people well and provide the right level of support, including providing information on a daily basis to help people make choices. Trusting relationships are built, and people confide in care workers so they can be supported to get the right help. When people find decision making difficult, they have representation to help them. Notice boards give people details around menus and activities, and regular meetings for residents provide opportunities to be informed of events taking place. These meetings also help people to influence the development of the service.

The provider takes measures to ensure people are able to keep healthy and active. There is sufficient staff to support people and monitor any changes. Daily monitoring of nutrition and regular monitoring of weight is documented and used to help inform health professionals as required. Support to attend health appointments is provided. Medication is administered as prescribed. People enjoy home cooked meals and are encouraged to eat a healthy diet. Music and movement sessions are offered on a weekly basis to help people stay mobile.

Systems are in place to help keep people safe. Medication is stored safely and procedures followed when administering it. The home meets the requirement of the Food Standards Agency. The environment is audited so that any issues are identified and addressed, and equipment and services are routinely tested. The home is secure. Care workers are recruited safely and have training to help them deliver appropriate care and support in a safe way. Care workers also undergo checks with the 'Disclosure and Barring Service' to ensure they are fit to work with vulnerable adults. Policies and procedures are in place. The RI undertakes visits to the service to monitor the quality of care.

Care and Support

People's needs and aspirations are considered and documented. Pre-admission assessments take place and people are consulted about their care needs in addition to their wishes and aspirations. Further details, for example, about the person's history is also available. Risk assessments support the writing of the personal plans with clear consideration of risks around falls, moving and handling and personal evacuation. Personal plans are written considering the information available, are personalised and detailed, giving care workers clear guidance on how to support someone. The management team are developing a way of ensuring people's desired outcomes are not lost within the information. Improvements have been made to ensure that reviews of personal plans evidence the person, or their representative, have been involved. These are thorough, with changes made to personal plans if required.

Care is delivered in a dignified manner and care records are available. Completed records show the service monitors a person's health and involves relevant health professionals such as dieticians if this is required. Nutrition and fluid records are kept for those who may be at risk of weight loss. People receive a safe medication administration service with accurate records maintained. Daily records note the tasks completed to support people. The provider is working on developing the daily record notes to ensure they capture how people are feeling, and if their identified goals are being met. We observed people being treated with kindness and dignity. When we asked people if they felt they were well cared for, they told us "*Indeed we are being well cared for,*" and went on to tell us how much they liked the care workers. There are examples of excellent, personalised support of people, showing how the care team go the extra mile to support people in their care, but this information is not always captured. The management team and owner of the service often form part of the care team and know people well.

People have opportunities to engage in arranged activities. The service has improved the schedule of organised events with regular exercise, craft and bingo sessions taking place. To support further improvement, the provider has considered how they can arrange daily activities and have introduced a protected time when a nominated care worker will provide social and activity opportunities. Care workers know people well and give examples of what individuals like and would like to do. People's choice to engage in activities is always respected.

Environment

People live in a home where the environment meets their needs. Improvements have been made through a programme of refurbishing and refreshing, with, for example, new flooring throughout. On the day of inspection, the manager was made aware that further work was required, such as ensuring all tall furnishings are secured to walls and all windows on the upper floors need window restrictors; action was taken and work completed before the writing of this report. People have their own personalised bedrooms, and we found that they could keep these locked if they wished. There are many communal living room and dining areas throughout the home, but most people prefer to meet and socialise in ground floor areas. An enclosed rear outdoor space is available and used for events in the warmer months, with a covered area used by people who choose to smoke. Some people can access the local community independently, including parks and shops, while others have support to do this. The home is clean and warm with examples of people's artwork decorating some areas.

The provider keeps the environment and equipment safe to protect people from harm. Regular testing and maintenance of equipment and services, such as lifts, and gas central heating take place. The manager undertakes regular audits of the environment. We found that the audits do not always identify where improvements could be made to keep people safe. On the day of inspection, we identified that two cupboards containing electric circuitry were easily accessible, when we discussed this with the management team, they took immediate action to secure them. Doors to medication rooms and kitchens are kept locked. While many doors have been fitted with automatic release mechanisms, as part of the refurbishment, further doors need these to help keep them open in a safe way, but allowing them to shut in the event of a fire. The manager is addressing this. Regular fire drills take place so that staff know how to evacuate the building in the event of an emergency and people have a personal plan in place to show care workers how to support them if evacuation is required. One person's bedroom requires additional cupboards to support storage of toiletries and prevent bags being placed in front of fire exits. The manager is addressing this.

Leadership and Management

Improvements have been made to oversee the management of the service. The manager receives regular supervision meetings by the RI which are now recorded. The management team continually review the service but do not always record this. Policies are currently being reviewed, and immediate action was taken to update those we found lacked sufficient detail. Reviewing and updating of policies needs to be sustained based on the provider updating their own knowledge around any legislative changes. A 'statement of purpose' (SOP) is in place that needs further work to ensure it reflects the service offered by Ty Melin, such as identifying the specialist training undertaken by staff to support people living with dementia. The provider took immediate action to start the review of this.

The home is run smoothly and governance arrangements are in place which meet regulatory requirements. The RI visits the service and consults with people and undertakes reviews of the service. The best practice of producing a 'Quality of Care' document has been embraced, demonstrating consideration has been given to all aspects of the running of the service. The manager and deputy manager carry out their roles with the support of an effective administrator. The team demonstrates commitment to the people who live at the home and provision of a good service. They have worked to secure compliance, paying attention to the detail needed in all aspects of the running of the service.

The service has suitable numbers of appropriately qualified and skilled staff. Staffing levels are suitable to meet the needs of people living in the home. Personnel files contain all relevant information. Care workers receive supervision from a line manager. Annual appraisals take place. The majority of care workers are up to date with all required training and the manager has updated their own training. Some further, 'higher level', awareness training for the manager would be beneficial such as Health and Safety. A good proportion of the workforce are registered with 'Social Care Wales,' the workforce regulator. Care workers and other staff feel supported, and told us of the positive changes since the last inspection.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
12	Not all policies reflect current legislation and guidance.	Achieved
66	The responsible individual is not effectively supervising the management of the service.	Achieved

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