



Inspection Report on

Ty Gwernen

**Ty-gwernen
Sunnyview
Blackwood
NP12 0AL**

24th January 2022

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About Ty Gwernen

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Enable Care Services (South Wales) Ltd
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	No. 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

People are happy living at the service and hold good relationships with the care staff. People are active in the community and are supported to be independent. Medication management needs to be improved and we expect the provider to take action to address this. We found there are some maintenance issues within the home however these are being addressed by the management of the service. The manager and Responsible individual (RI) maintain good oversight of the service through various audits and systems.

Well-being

People appear happy and content in their home. We saw people enjoy one to one activities whilst laughing and joking with care staff. Care staff appear very attentive and know the people they support well. We saw people are very much involved in their community and enjoy being out and about. People are encouraged to be independent and make choices that matter to them. Some people manage their own shopping and some people create their own weekly menu.

People can share their views and any concerns they have with care staff and managers. There are regular service questionnaires carried out which provide informative feedback for the service. Relatives have the managers contact number and can contact them any time. People are encouraged to share their views and advocacy is promoted where appropriate. Important contact details are available to people, as are policies and procedures such as complaints and safeguarding. Care staff are confident in reporting concerns and are up to date with their safeguard training.

People and care staff have good professional relationships and we saw people chatting and laughing together. Visiting has been encouraged during the Covid-19 pandemic. Where family members are unable to visit phone calls and face time are promoted. We saw people have regular input from health professionals where appropriate.

People live in a homely environment where they appear happy and comfortable. Rooms are personalised with people's personal belongings and pictures. However, some refurbishment is required and checks regarding water temperatures need to be conducted and any concerns actioned.

Care and Support

Personal plans are well presented and include the required information. We saw personal details and relevant contact details are recorded to ensure easy access in case of an emergency. People's needs are clearly identified and this information ensures that care staff understand how the person would like their support. There is an 'All about me' document in place which helps care staff to understand the person and their past history. The involvement of health professionals is recorded and health records such as diet and fluid recorded. Managers ensure regular reviews are carried out to ensure documents are current and relevant.

People have access to activities throughout the day if they choose. People are active in their community and we saw some people waiting to attend the theatre. People told us they are happy at the home and enjoy each other's company. On the day of inspection, some people had gone out for a meal and some were enjoying a pamper session with staff. People can choose what they want to do on the day and their choices are respected. People are encouraged to be independent and make choices that matter to them. Some people manage their own shopping and some people create their own weekly menu with assistance from staff.

We saw the service has encouraged visiting throughout the Covid-19 pandemic. Dedicated visiting rooms for family and friends are in place. Where visitors cannot physically come to the service phone calls and FaceTime is promoted. We saw care staff did not always wear appropriate personal protective equipment (PPE) on the day of inspection. We discussed this with the manager who told us the matter would be addressed immediately. Although there was some signage on entry regarding PPE these need to be replaced as are faded and unreadable. PPE sanitising stations are available throughout the home however, some needed to be replenished. Action was taken by management to address the above issues.

Medication Administration Records (MARs) are in place and we saw medication is stored securely. Care staff told us that training is provided and appropriate. We saw that people receive their medication in a safe way by care staff who know them well. However, MAR charts require improvement as they lack the required information. This included no start dates of medication on the MAR chart, no date of birth, allergy status not recorded and no address on the MAR chart. We expect the provider to take action to address this issue and we will follow this up at the next inspection.

Environment

People rooms appear clean and personalised. We saw peoples bedrooms are personalised to individual's choices with photos and personal belongings. The home has a resident pet, which people appear to enjoy. This promotes a homely environment. However, the service does require some refurbishment. We saw that some areas need repainting and attention is required in relation to some identified hazards, such as exposed pipes. As these areas do not pose immediate risk nor impact on people, we have not issued a notice on this occasion. The manager informed us that the above issues would be addressed immediately.

A fire risk assessment in place and detailed Personal Emergency Evacuation Plans (PEEP's) are in place. However, these need to be located in a place which would be easily accessible to care staff in the event of a fire. We saw the 'Fire Authority' had made some recommendations and that all required works had been carried out. There are fire exits throughout the building however we identified one exit sign that needs to be replaced. The manager told us this had been removed and not replaced during painting works and this would be rectified. We could not see that water temperatures are checked on a regular basis and we found that one bathroom did not have hot water and some taps were too hot. However, on discussion with the manager and the RI immediate action was taken.

The manager told us that a refurbishment plan had been put in place. We were also informed that relevant maintenance had been delayed due to the Covid-19 pandemic however, this work would be carried out.

Leadership and Management

There are good systems in place to support care staff and their development. Care staff have good levels of training however, most are due a refresher in Moving and Handling. We were told by the manager that this had been booked and a date provided. Care staff recruitment files include the appropriate recruitment checks such as references and Disclosure Barring Service (DBS) checks to ensure they are safe to work with vulnerable people. People can share their views and any concerns they have with care staff and managers. Important contact details are available to people, as are policies and procedures such as complaints and safeguarding. Care staff are confident in reporting concerns and are up to date with their safeguard training. Care staff receive regular supervision from management to ensure they are happy and up to date with any changes. Care staff told us they are very happy and enjoy their work.

There is a Statement of Purpose (SOP) in place that is reflective of the service provided. People receive a service user guide which is in the appropriate format. Managers complete and submit the appropriate notifications to the Care Inspectorate Wales (CIW) as required by regulation for example any serious accidents. We saw a range of policies and procedures in place which are reflective of current guidance. A complaints policy is also available in an easy read format and this includes key contact details. There are regular service questionnaires carried out which provide informative feedback for the service. Relatives have the managers contact number and can contact them any time. People are encouraged to share their views and advocacy is promoted where appropriate.

The RI conducts regular three monthly visits which are extremely detailed. A robust audit of the service is completed and time is given to interact with care staff and people. However, we did not see any documentation to evidence that the RI seeks care staff and people's feedback during these visits. A six monthly quality of care review is conducted and includes reviews of important matters. However, this could be strengthened to better meet the regulations. The RI is taking action to address this.

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
58	Medication Administration Records (MARs) do not	New

	include important information	
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Date Published 22/02/2022