



Inspection Report on

Ty Llandaff Care Home

**Conway Road
Cardiff
CF11 9NT**

Date Inspection Completed

21 September 2021

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About Ty Llandaff Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Ty Llandaff Care Home Ltd
Registered places	70
Language of the service	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards the 'Active Offer' of the Welsh Language

Summary

This was an unannounced, focused inspection to follow up on the progress made following the improvement action notices that were issued at the last inspection visit. We are satisfied that the provider has taken the necessary action to secure improvements to achieve people's personal outcomes and protect them from harm. The management team has been actively working alongside the staff team to provide effective leadership and improve quality standards in the home. A new manager has recently been appointed and will commence their position in the near future. There are effective quality assurance systems in place to assess, monitor and review the service is safe and well run. There are improved outcomes for people due to increased staff presence in the home. People now receive continuity as they are being supported by consistent nurses and care staff that they are familiar with and have a good understanding of their needs and preferences. There is robust care information available to ensure individuals are provided with care and support, which enables them to achieve the best possible outcomes. Daily care records should be frequently audited to ensure the delivery of care is consistently noted. Health is monitored and reviewed; also additional specialist advice is sought if required. Staff receive training to understand the health and care needs of people and further training is planned. This has led to staff positively engaging with people and improved practice. People should receive regular opportunities to engage in group activities or individual time to reduce the risk of isolation which can affect people's well-being.

It is imperative that the standard of quality is sustained and embedded in the service, we will consider at the next inspection.

Well-being

People's voices are heard and listened to. We saw evidence of good relationships with staff which were respectful. People told us that there are familiar staff in the home and they understand their needs and preferences. People told us that their choice is promoted. However, some of the daily care records did not always evidence people's choice and decision making. We observed positive engagement between people but there is a lack of regular planned activities within the home. The registered person informed us that based on people's feedback they are currently recruiting activity coordinators. Also, they have arranged training for the staff to drive the home's vehicle to offer social outings in the near future. People are empowered to contribute to their review meeting so they can influence how they like to be supported and their personal outcomes. The provider has a good oversight of care delivery as they actively seek views from people and their representatives. This information should serve to improve standards of care.

People are safe and protected from harm. There are staff available to ensure people receive the care and support they need at the right time. Care plans and risk assessments are detailed to inform staff how best to support people, their preferences and to mitigate risk. As a result of the increased staffing numbers, we saw people experience more interaction and we noted a reduction in accident and incidents in the home. People told us that they are able to raise concerns and are confident that they will be resolved. Nurses and care staff receive safeguarding training so they understand their responsibility in recognising and responding to concerns. The environment is clean and safe from hazards. Recruitment practices are robust prior to the commencement of their role.

People can be confident that there is improved oversight in the home which protects their health, safety and well-being. There is a sound management structure in place to oversee and monitor the service. The registered person has put arrangements in place to ensure the quality of service is consistently monitored and reviewed to ensure the service is run effectively. We found that people benefit from a staff team that is supported and well led. Nurses and care staff receive training to understand the needs of people they support but this requires further development. This level of governance and oversight must be sustained for the smooth operation of the service.

Care and Support

Since the last inspection, we saw that care plans and risk assessments are person centred, robust and reflective of the person receiving the care. The recording of care being delivered to people is generally complete but we found some incidents when this was not the case. There should be regular auditing of records to ensure consistency is maintained. We noted that many people remained in bed during our visit but there was nothing to indicate if this was their choice or a prescribed need. People can access their call bells for staff assistance and we saw care staff regularly checking on their well-being in accordance with their care plan. Accident and incidents in the home have significantly reduced, they are recorded, investigated and the appropriate action taken. People are encouraged to be a part of their care planning and given the opportunity to contribute and influence their review meeting. In addition, there is a quick reference guide to inform new staff and agency staff of the specific needs and clinical risks of people, which care staff found effective.

People receive support to meet their health needs and maintain their physical well-being. Since the last inspection we saw that detailed health care plans had been developed which identify the associated risk and how this should be managed. We case tracked to daily records and found that people receive the right support and treatment at the right time to promote their well-being. This includes the management of wound care, weight monitoring, and nutritional and fluid intake. We saw that communication systems have been introduced which improves the daily monitoring and review of the person's health and well-being. As a result, we found positive outcomes for people and appropriate advice sought from relevant professional and specialist services.

There is currently limited social activities in the home to maintain people's emotional well-being. We saw some positive engagement and laughter between people. However, the care staff told us that they try to arrange some activities, but in the absence of designated activity coordinators, this area of support is lacking. Also, the daily care records confirm that there is a lack of group and individual activities which can increase the risk of social isolation. The registered person informed us that they are currently recruiting for activity coordinators to ensure this improves. People told us that they stay in contact with their relatives through planned video links and regular visits to the home.

People receive continuity of care from staff that are familiar with their needs and preferences. Since the last inspection, there has been a significant recruitment drive which has proven to be successful. People now receive support from a stable and permanent workforce. Records show that agency usage has significantly reduced. The home books the staff in advance where possible to maintain consistency of agency staff that has previously worked in the home. People's experiences are positive, they told us, *'seeing the same staff has really made a difference as they know what I like'*. Another told us, *'It's nice not to explain everything over again to different staff.'* One person told us, *"I know the staff now and when things are not right, I feel confident to raise the matter, as they always address*

the concern.' The home seemed relaxed, staff did not appear rushed and there was a pleasant atmosphere. The records in place demonstrates improved outcomes for people due to increased staff presence in the home. People told us that they felt safe and staff are responsive. We found that the records confirm that the staffing numbers are adequate and consistently maintained which has improved the general response to call bells and the accident and incidents are low. However, we saw two occasions when there should have been better deployment of care staff within the home to provide the required level of supervision and response. There is a system in place to review the staffing levels which is adapted to respond to changing needs and circumstance of individuals.

There is a safeguarding policy in place but this requires further revision following the new Wales Safeguarding Procedures. Staff receive safeguarding training so they understand the different types of abuse and action to take if suspected. We saw that safeguarding referrals are appropriately recorded and submitted to the relevant professional agency. Records of referrals and outcomes are maintained which is reflected upon to ensure lessons are learnt. Since the last inspection, accident and incidents remain at a low level and we observed care staff appropriately encouraging people to mobilise safely. The care staff are trained in the prevention of falls that supports their knowledge and practice.

Environment

The environment is clean and, overall, is suited to people's needs. The atmosphere in the communal areas was relaxed and we observed lots of chatting and laughter between staff and people living in the home. The communal areas encourage people to socialise with the appropriate amount of seating and a homely decoration. We saw an increased use of the dining room as the tables are better presented. People have access to a menu which is pictorial to ensure the information reflects the needs, age and level of understanding for whom the service is intended. The bedrooms are personalised and furnished with important items that matter to them. Some of the bedroom carpets in the home appear worn and should be replaced as a part of the ongoing refurbishment plan. The home is secure and there are measures in place to ensure people are authorised to enter.

People benefit from a safe environment. Since the last inspection the roof had been renewed and is no longer leaking to cause a risk to people. Records confirm that there are regular servicing arrangements and routine maintenance checks to maintain compliance with health and safety and fire safety. There are personal emergency evacuation plans in place which is key information to inform staff and the Fire Service the support people require to evacuate safely. Throughout our visit we saw that the overall environment is free from hazards and rooms are secure from unauthorised access. The registered person agreed to replace the locking system on the dining room cupboard as it is not robust enough as some hazardous chemical materials are stored. The training records confirm that care staff receive health and safety training. The maintenance person receives specific training so they have the knowledge and understanding for the role they perform.

People are protected by infection control procedures. On arrival to the home there are formal arrangements in place to ensure visitors sign in, their temperature is recorded and they receive a covid test before entering. There is sufficient stock of personal protective equipment (PPE) throughout the home which is regularly replenished. Care staff were appropriately applying and disposing of PPE when assisting different people. The cleaning regime has been recently revised and issued to the domestic staff. They told us that the cleaning is achievable and there is a sufficient supply of the appropriate cleaning materials to promote infection control. The training records confirm that care staff receive infection control training so they understand the role they perform. There is an infection control policy in place and the associated covid-19 risk assessments that are in accordance with current guidance.

Leadership and Management

People can be assured that there is improved oversight at the home to ensure it is run with due care and diligence. Since the last inspection, a consistent management team was introduced in the home to work alongside the staff team to provide leadership and direction to change practice and improve quality of care. Staff told us *'The management has been fundamental in the changes in the service as they are visible on the floor. They will roll up their sleeves and support the staff and they are a dynamic team'*. We are aware there has been some difficulties appointing a permanent manager but an experienced person has been appointed and awaiting a commencement date. The registered person plans to provide them with a comprehensive induction to ensure they have the time to get to know the service and feel confident in their role. We found that the registered person is visiting on a regular basis to monitor the performance of the service and use the opportunity to seek views of people. We also note that the registered person has undertaken their quality care report to assess, monitor and improve the quality and safety of the service. We found that this report is detailed and accurately reflective of their achievements and the areas that requires further development. Staff told us, *'We have open communication now with management'*. Other outside agencies and professionals often visit the home and gave us positive feedback about people's experiences and the improvements made.

Audit systems are established and consistently completed for accident/incidents, safeguarding's, call bells, and weight and skin integrity monitoring. Although, we found that appropriate action is taken when necessary, there should be a formal analysis to easily identify patterns and trends. There are effective communication systems in place to ensure key information is relayed to the appropriate staff to improve oversight and monitoring of people's needs. The registered person has recently put suitable arrangements in place to seek people's views to influence the future shaping of the service. The statement of purpose now accurately describes the service that people can expect and receive.

People receive support from a staff team that are suitably trained and supported to understand the needs of people they support. There are employment procedures in place that is followed to ensure safe recruitment of care staff. Since the last inspection, we found the induction programme now includes training, shadowing and the mentoring of new care workers to enable a positive contribution to the care and well-being of individuals. The induction is tailored to each care staff to build their confidence and their ability is regularly reviewed. The records show that nurses and care staff received a significant amount of training. A person told us *'the provider is investing in training not only for the new staff but also including the existing staff, we are now seen as a team'*. We found that some specific training areas for nurses have not yet been undertaken but we saw evidence that the home has already arranged some practical sessions. We noted that care staff receive opportunities for formal supervision and Nurses also receive regular support. However, this is not formally recorded as a clinical supervision and competency assessments are not completed for all areas which we would expect. The staff told us *'the management now ask about our well-being and this feels like the company cares'*. It is important that the

registered person continues to review and provide the registered nurses and care staff the experience, competency and skills necessary to meet people's personal outcomes.

Areas for improvement and action at, or since, the previous inspection. Achieved

Regulation 21(2): The service provider must ensure care and support is delivered consistently in line with the personal plan.

The service provider must ensure that all times a sufficient number of suitably number of qualified, trained, skilled, competent and experienced staff are deployed at the service, having regard to the service described in the statement of purpose and to meet the care and support needs of individuals

Regulation 34(1)(a)
Regulation 34(1)
Regulation 34(1)(b)
Regulation 34(1)(c)
Regulation 34(1)(d)

Regulation 7 (1) and (6) – The provider must provide the service in accordance with the Statement of Purpose document and notify the regulator of any revision

Regulation 36 (2), (b) – Staff to understand their responsibilities and those of other staff. Their performance is monitored and addressed in accordance with the support and development policy.

Regulation 58 (1), (2), (a), (b), (c) and (3) - The service provider must have arrangements in place to ensure medicines are stored and administered safely. Registered Nurses must follow the procedures to ensure people’s health and well-being is not compromised. The Medication Policy to be revised.

Regulation 60 – Schedule 3 – The regulator to be notified of any expected absence of the Responsible Individual for 28 days or more but , 7 days prior to the commencement of the absence.

Regulation 34 (1) (a), (b), (c) and (d) - Staffing levels and skill mix are reviewed consistently and adapted to respond to changes in needs and achieve their personal outcomes. Arrangements are in place to cover staff absence to ensure care and support needs are met and supported to achieve their personal outcomes.

Regulation 6 – The service provider must ensure that the service is provided with sufficient care competence and skills having regard to the statement of purpose. We issued a priority action notice at the last inspection but the provider has failed to meet compliance.

Regulation 6

The service provider must be able to demonstrate the way in which determination has been made – (a) the types of staff deployed and (b) the numbers of staff of each type deployed.

Regulation 34(3)
Regulation 34(3)(a)
Regulation 34(3)(b)

The service provider must ensure that arrangements are made for the support and development of staff.

Regulation 34(4)

Regulation 66 – The responsible individual must supervise the manager of the service, which includes taking the steps described in regulation 64, 72 and 73	
Regulation 76 (1) (b) and (d) - The responsible individual to put arrangements in place for obtaining views of representatives, and stakeholders (partly met at time of inspection 12.04.21)	
Regulation 80 (1), (2), (3) (a to d), 4 (a), (d) and (5) – The responsible individual must put suitable arrangements in place to evaluate the quality of service and prepare a six monthly quality of care review.	

Areas for improvement and action at, or since, the previous inspection. Not Achieved

Regulation 78 – People's daily care records must be fully completed and choices reflected	
Regulation 21 (1) - To improve the deployment of staff within the home to ensure staff are available to effectively respond to people's needs. People to have the opportunity to participate in activities that matters to them and enjoy.	

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

None	
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Areas where improvement is required

Regulation 36 (2)(c) and (e) - The nurses to receive formal clinical supervision and regular specialist training for the role they perform	
Regulation 80 (3)(b) - A formal analysis of the audits to identify any patterns and trends	

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published 02/11/2021