



Inspection Report on

Ty Gwilym

**Ty Gwilym
Court Road
Caerphilly
CF83 2LU**

Date Inspection Completed

28/01/2022

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About Ty Gwilym

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council
Registered places	4
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

Ty Gwilym provides respite care and support for people who have a physical disability, complex health or learning disability. Accommodation is provided in a four-bedded bungalow. All bedrooms are en-suite and fitted with overhead hoists. The home is in a quiet, residential area in the Energlyn area of Caerphilly. The Responsible Individual (RI) is Joanne Williams who has oversight for the service.

Support is provided in a warm and friendly environment. A stable staff team are familiar with people's needs and preferences, and interact in a kind and caring manner. The service offers activities, and these vary depending on people's outcomes and preferences. Care files detail how people like their needs met and are clear and well organised. Although not regularly reviewed, care plans are updated when a change has been identified. Medication practices require some improvement. The service is not meeting regulatory requirements around staff supervision, appraisal and training.

Well-being

People at Ty Gwilym have support and opportunity to have control over their lives. Overall care planning documentation is good, provides information of what is important to people and details the support they require. Care plans are clear and involve people and their representatives. A statement of purpose is available to people, and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. Care staff respect people's decision to spend time in their bedroom or the communal areas. People tell us they know how to raise concerns and are confident management would address their concerns.

There are systems in place to promote people's physical and emotional health. People have access to healthcare professionals as needed. Staff work to offer choice of meals and implement advice and guidelines around special diets.

Staff are able to identify when people may be at risk of harm or abuse, and appropriate safeguarding procedures are in place. Risks to people's health and safety are included in care plans and risk assessments. Safeguarding training requires updating for some staff, but the manager and staff members we spoke to are aware of the requirements when reporting a potential safeguarding issue. Safeguarding and Whistleblowing policies are in place. Visitors to the service do so in line with Public Health Wales guidance. The service has consistently good infection control arrangements in place and a sufficient supply of personal protection equipment (PPE).

People are able to contribute to and enjoy safe and healthy relationships. Interactions between staff and people are natural, warm, friendly, familiar, respectful and fun. It is clear people feel safe and happy when staying at Ty Gwilym. A range of activities are available to people and positive relationships with care staff support people's emotional health. Care workers spend quality time with people and know their preferences, likes and dislikes.

Care and Support

The service considers a wide range of views and information to confirm it can meet people's needs and outcomes. The deputy manager told us that careful consideration is given to compatibility of residents and staff skill mix before respite arrangements are confirmed.

Personal plans contain key information on people's physical and emotional needs. Details of social history, interests, preferred activities and food preferences help in understanding how people like to be supported. We noted that personal plans are only updated when a change had occurred or been identified in the pre-stay consultation and are not regularly reviewed. Communication plans are in place for those who require these and risk assessments ensure strategies are in place to minimise risk to people. We saw some documents within the care file had not been reviewed such as Personal Emergency Evacuation Plans and bed rail risk assessments. We also saw that not all care documentation is dated or signed. Where Deprivation of Liberty Safeguards had been authorised they had expired with no action taken to seek re authorisation. While no immediate action is required, this is an area that requires improvement and we expect the provider to take action.

There are systems in place for the management of medication, which require strengthening to ensure they are fully safe. Medication records evidence that medication is appropriately administered. For the majority of staff, training in the management and administration of medication had lapsed by a number of years. Staff medication competencies to ensure staff maintain good practices and to identify any areas of improvement were not checked. The service completes checks of stored medication temperatures, however due to the lack of auditing failed to identify high temperatures, which may affect the effectiveness of medication. This was discussed with the deputy manager and alternative arrangements for temperature recording will be considered.

People do things that make them happy supported by staff that know them well. There is a consistent core team of staff that people know well. Overall, care workers feel they have sufficient quality time to spend with people, but acknowledge it has been a difficult period due to the covid-19 pandemic.

Environment

People benefit from a well-maintained and safe home environment. There is sufficient wheelchair access internally. Bedrooms are a good size and all have fully equipped wet-rooms. They bedrooms include fully functioning ceiling hoists to enable staff to safely transfer people between the two areas. Communal areas enable people to have both quiet space and areas to socialise and engage in group activities. Areas of the service are in need of redecoration to keep the premises fresh and inviting. There is a secure outdoor garden; however, this is not accessible to those who cannot independently mobilise.

The service identifies and mitigates risks to Health and Safety, and ensures the premises complies with current legislation and national guidance. Maintenance records confirm the routine completion of utilities testing. We saw records of such things as a gas certificate, fire risk assessment, fire alarm testing and regular safety checks of the premises. Substances hazardous to health are stored safely and there are no obvious trip hazards. The service carries out regular maintenance work and repairs.

The service maintains good standards of hygiene and infection control. There are clear and consistent security and infection control arrangements in place. This includes arrangements for relatives and any visiting professionals attending the service. Restrictions on numbers of people accessing the service are also in place due to Covid-19. Staff follow current guidance and use the correct personal protective equipment (PPE). They were seen using hand-washing and PPE stations on a regular basis during the inspection. We noted not all staff had completed infection control training. All visiting professionals sign into the service, complete lateral flow tests and have temperatures taken on entering. The service is clean and free from clutter throughout.

Leadership and Management

Systems to audit the quality of the service need improvement. We saw evidence of three monthly visits and six monthly quality of care reviews conducted by the RI in line with regulations; however, these fail to identify where the service was not meeting regulatory requirements. Internal regular audits are not being completed as often as they should be so any issues are identified are not acted on quickly. These include areas such as medication; care documentation; service policy and procedures; staff training, appraisal and supervision. While no immediate action is required, this is an area that requires improvement and we expect the provider to take action.

There is a thorough recruitment and induction process in place. The service provides appropriate numbers of staff, who have experience and familiarity with the people they deliver care to. There is a long-standing team of care workers working in the service, with minimal staff turnover. The service has been closed for lengthy periods during 2020 and early 2021. The training records and feedback from staff show some core training is overdue, which could affect their ability to carry out their jobs safely and effectively. Staff core training is not consistently being arranged/ updated in line with the roles and responsibilities of staff. There are clear deficiencies in staff, training, supervision and annual appraisal processes within the service. While no immediate action is required, this is an area that requires improvement and we expect the provider to take action.

Information for care staff and people using the service is available. There is a comprehensive statement of purpose (SoP) and a clear guide to the service for people to access. Policies and procedures are in place at the service and staff know how to access these. There are a wide range of corporate policies and procedures for staff to access, however these are not service specific and have not been annually reviewed.

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
6	Quality and audit systems to review progress and inform the development of the service were	New

	insufficient in the following areas: medication; care documentation; service policy and procedures; staff training, appraisal and supervision.	
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Date Published 10/03/2022