



Inspection Report on

57 Tir Morfa

Port Talbot

Date Inspection Completed

10/11/2022

10 & 14 November 2022

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About 57 Tir Morfa

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Community Lives Consortium
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People and their relatives are satisfied with the care and support provided at Tir Morfa Care Home. They live in a pleasant and homely environment that is warm and suitable to meet their needs. People living in the service are treated with compassion, dignity and respect by a dedicated care team. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers to provide support to people. Care workers receive appropriate support and staff appraisals meet regulatory requirements. Care workers are knowledgeable, respectful, and caring. Safety equipment is in place and health referrals are made when necessary to promote people's health and well-being. There are opportunities available for people to take part in activities.

The service provider has developed systems to enable them to capture people's views and to develop person centred information. There are checks and processes in place to keep service delivery under constant review.

Improvement is needed with initial assessments and the frequency of reviews of personal plans. The bathroom requires improvement as do consistency of records of health and safety checks. Staff supervision and access to these records and staff training also need improvement.

Well-being

People and their relatives are now satisfied with the improving care and support provided. This follows a period in which the staff team were under pressure with supporting an individual with increased significant care needs. There is information available for staff to understand how to best meet people's care and support needs. People indicated to us they get on well with staff. A relative commented "*the staff have improved*" and another commented "*they use a lot of agency staff who do not know our family member as well as the permanent staff.*" Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. Tir Morfa Care Home has a safeguarding policy in place which reflects the Wales safeguarding procedures and staff receive training in the safeguarding of adults at risk of abuse. The RI has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Tir Morfa. Recording of monitoring of care activities is in place but requires strengthening to include the achievement of personal outcomes for people.

People can mostly do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to the residents. Throughout our visits on both days, we observed activities taking place facilitated by care staff such as going out to the local café for coffee and one person visits his partner. People indicated to us they enjoy taking part in a variety of activities. Relatives told us their family member is encouraged to stay active and to do as much as they can but this is sometimes impacted by the staff available. This is reflected in people's records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The environment is clutter free and would benefit from redecoration.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

Care and Support

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE) as most staff had received up to date training. Staff wear appropriate PPE and follow correct procedures. However, we discussed with the area manager the need to ensure PPE stations are fully stocked including face masks. The home is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning routines are in place with oversight from the manager.

People are provided with the care and support they need. We examined a sample of care files, which contained initial assessments and personal plans.

However, improvement is needed in the sample of initial assessments as these lacked sufficient detail to ensure robust information had been gathered to ensure the care home can meet their needs. We also identified that personal plans had not been reviewed at the frequency required. We discussed this with the area manager who agreed to address this. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There is a care planning system in place providing support plans for all aspects of the individuals' physical, mental, and emotional wellbeing. Referrals for advice and professional help regarding health services are sought as needed. Monitoring of care activities was in place with information available to staff but this is in the process of being reviewed and updated. Supporting people to identify and engage in leisure and learning activities was inconsistent. The RI told us that training and support is planned to develop this aspect of the care plan.

However, improvement is required with the monitoring of airflow mattresses to ensure they are set on the correct setting. This was not in place. We discussed this with the area manager who agreed to address this immediately. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records are accurate. We saw that medication was kept in secure cabinets. As and when required medication (PRN) was appropriately administered in line with instructions. There are procedures in place for ordering medication and disposing of unused medications and records of this were seen.

Environment

The accommodation, although comfortable would benefit from improved quality decor and furnishings. This had been identified by the provider and meetings with the landlord for the property had taken place with agreement to suspend any works until the service had managed a temporary increased caring workload. The disruption and feasibility of decanting to another premises whilst work was carried out was considered including the impact on individual's well-being. Improvement is needed with the bathrooms with the bath not in use at the time of our visit. The bathroom needs refurbishment and other areas of the home require updating. The external areas of the home also require repair such as the fencing and raised beds and general upkeep of the outside areas. We discussed this with the area manager who confirmed this would be addressed as a matter of importance. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The home is calm, informal, and relaxed. We saw people sitting in the lounge and the dining room, sitting in the comfort of their bedrooms, relaxing or asleep in bed. The environment supports people to achieve their personal outcomes.

Entry to the home is safe and documents are stored securely. Visiting professionals are requested to sign into a visitors' book on arrival, ensuring people's safety is maintained. Visitors are also required to follow the home's infection control procedures in relation to COVID-19. Information is stored securely in locked cupboards and care documentation is treated sensitively ensuring people's privacy is upheld.

The laundry room is well organised and has entry and exit doorways. Laundry systems are based on a supported living model of care. Supported living is a service designed to help people with a wide range of support needs retain their independence by being supported in their own home. Appropriate systems are in place and all laundry equipment is in working order. There is an area with cupboards, shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins.

The storage of substances which have the potential to cause harm is sufficient because we found that materials used for cleaning are stored in an appropriate locked cupboard.

However, improvement is needed with consistency of records of monitoring of health and safety checks such as legionella prevention and health and safety audits. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the updated Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. The RI visits the home regularly and meets with residents and staff. We viewed the latest quality monitoring report, which shows the provider asked for people's feedback and that recommendations for improvements were implemented. We saw evidence that the RI has oversight of the service, and the service management conduct a quality assurance system to ensure quality care. Failings in financial auditing was previously identified and policy and procedure has been improved. Monitoring of the effectiveness of these procedures will need to be implemented. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of plans to invest in staff training and sustainable employment to improve conditions of employment for staff.

There are enough staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available, and this was seen during our visit. However, a relative commented "*there's enough staff*". Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. Staff files are well organised and contained all the required documentation.

Improvement is needed with supporting and developing staff. Staff supervision is not carried out at the required frequency. Access to staff supervision and appraisal records were not available. These records need to be readily available when requested by regulators. The sample of staff appraisal records seen were carried out at the required frequency. Improvement is needed with staff training. We were shown a training matrix, which includes mandatory courses as well as other courses. Staff training needs updating to ensure staff are completing all the training required such as Infection Control, food safety, active lives and eating and drinking which was acknowledged by the RI and manager. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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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36	Not all staff members received annual appraisal and supervision at the required frequency and amount. Ensure all staff receive regular supervision and appraisal and that these records are available when requested.	New
16	Not all people received a review of their personal plan as and when required but at least every three months. Ensure all people receive regular reviews of their personal plan.	New
18	Service provider initial assessments were insufficiently robust and lacked sufficient involvement of people using the service in the development of the assessment. Ensure people are involved in the development of their assessment and that these are sufficiently robust.	New
44	The premises were insufficiently maintained with several areas requiring updating. e.g. Bathroom and bath, kitchen and external areas of the home. Ensure the relevant works are completed in a timely manner.	New
57	Records of health and safety checks such as legionella prevention and health and safety audits were not consistently carried out. Ensure health and safety audits are completed and recorded appropriately.	New
44	Monitoring of airflow mattresses settings were not regularly checked to ensure they are set on the correct setting was not in place.	New

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