



Inspection Report on

Ty Cwm Ogwr Residential Home for Older People

**Ty Cwm Ogwr
Dan-yr-heol
Bridgend
CF32 7HY**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

24/07/2023

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About Ty Cwm Ogwr Residential Home for Older People

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	28
Language of the service	Both
Previous Care Inspectorate Wales inspection	24.1.2023
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are settled and comfortable living in Ty Cwm Ogwr. A relaxed atmosphere throughout the home helps people and visitors feel at ease. Personal plans give information about people and some care needs; however, they must be further developed to ensure they are person centred. People are supported to make daily choices in how they live their lives and to do things that are meaningful to them. The dedicated and experienced staff team want to make a positive difference to people's lives, where people they support are at the heart of the service. Care staff treat people with respect and support each person to have a voice. Care workers feel well supported by the new manager and receive training relevant to their roles. Recruitment practices are robust, and staff receive regular one to one supervision. Care staff understand their roles and responsibilities around safeguarding people. A range of policies that support good practice are available. The responsible individual (RI) undertakes visits in line with regulations and maintains sufficient oversight over the service.

Well-being

The service listens to people's wishes and supports decision making. People are clear how to make their views known and report staff listen to them. Residents' meetings enable people to provide feedback around menus, activities, and the care provided. Those lacking capacity to make decisions receive support from professionals, advocates, or relatives. People report they can decide where they spend their day, either in their rooms or one of several communal areas. A new programme of activities is in place and people enjoy a varied choice of meals and snacks. Bedrooms are personalised to reflect individual tastes. People tell us they are part of the review process and are routinely asked if they are happy with the care they receive. The RI conducts three monthly visits to gather views on the service provided.

People are protected from harm and neglect. Care staff have completed safeguarding training and those spoken with are aware of the procedures to follow if they have any concerns about the people they support. The provider has policies and procedures in place which are currently being reviewed on a rolling programme. Risk assessments are in place to minimise risks to people and care staff. The recruitment process is undertaken by the HR department, ensuring that care workers recruited are fit and suitable to work in the care sector.

There is a new management structure for the service. We received positive feedback from the staff we spoke with, who told us they feel valued and supported by the new manager. There are effective systems for monitoring and auditing standards of support and the environment. There is a statement of purpose, which is a document that sets out information about the service provided.

Overall, the service supports people to be as healthy as they can be. We saw evidence of regular contact with GPs and community nurses, as well as referrals to specialist practitioners as required. Deprivation of Liberty Safeguard authorisations are applied for when deemed necessary. Medication is stored safely, and we saw it being appropriately administered and recorded. Medication audits are regularly completed. Personal plans require improvement to ensure the information is detailed, person centred and consistently completed.

Care and Support

Personal plans require more detail to ensure people's needs are identified and understood. Pre-admission assessments are completed to make sure that people's needs can be met at Ty Cwm Ogwr. Some personal plans lack detail and key information and are not reflective of the care and support carried out. It is evident that care staff know people's likes, preferences and care needs well, but this is not documented as required. This is an area for improvement and we expect the provider to take action. Although regularly reviewed, the provider needs to clearly evidence that people are formally consulted about whether their plans remain suitable. Records show the relevant health and social care professionals are involved in people's care. Daily records indicate people receive appropriate care but could be more detailed to include emotional well-being. People have access to call bells to alert staff when they require assistance.

People experience genuine warmth and kindness from all the staff. We saw care staff treat people as individuals and with patience. Care staff are very attentive and respond to people's different needs with appropriate levels of prompting and support. People appear relaxed and comfortable in the presence of staff. Staff speak in a friendly, caring and respectful way and people respond positively. A relative told us "*I'm absolutely happy with the care*" and "*us as a family are happy that X is being so well looked after*". People living in the home told us "*They look after me well*", "*I can recommend this place*" and "*they are all very friendly and pleasant*". We witnessed positive interactions during the inspection and saw care staff supporting people in a dignified manner.

Staff can identify when people may be at risk of harm or abuse, and appropriate safeguarding procedures are in place. We saw risks to people's health and safety are identified and risk assessments completed. The care staff we spoke to are aware of their personal responsibilities in keeping people safe and told us they would report any issues of concern. They are aware of the whistleblowing procedure, and said they felt confident approaching management if they needed to. When asked if they felt safe one person told us "*Yes I do, definitely*".

People living at the service receive their medication as prescribed. The service completes checks, which ensures medication is stored at correct temperatures, and therefore remains effective. Medication audits ensure staff maintain good practices and identify any areas of improvement. A sample of medication records we saw contained no gaps or errors; medication is stored safely in a locked facility and controlled drugs and stock checks managed effectively. 'As required' (PRN) medication is appropriately administered and recorded with reasons for giving clearly recorded.

Environment

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. Peoples' personal care records are stored securely and only available to care workers and healthcare professionals authorised to view them.

The accommodation is to a good standard, which is pleasant and provides an enjoyable environment for people to live. There are two units in the home, one is specifically for people living with a diagnosis of dementia. During a tour of the home, we saw people's bedrooms are personalised with items of personal choice. People we spoke with told us they are very happy with their rooms. One person told us "*My room is nice, it's spotless*". We also saw that signage is provided in both English and Welsh. Communal areas are well used on both units, and we saw people happily interacting together. There are also several communal bathrooms and shower rooms throughout the home which are equipped with specialist equipment for those who need it.

The home provides a clean and well-maintained environment with adequate equipment to meet people's needs. Systems are in place to routinely check and service the environment and equipment. We saw that people have suitable equipment in place to help keep them safe and prevent injury from falls. All areas are presented as clean with procedures to prevent the spread of infection followed. Cleaning materials are available and managed safely, with storage areas kept locked. The laundry facilities are suitable to meet the needs of people living in the home.

Leadership and Management

People are supported by staff who are safely recruited, well supported, and trained suitably for their roles. The human resources (HR) department confirm that the staff recruitment process meets all regulatory requirements. Existing staff are registered with Social Care Wales, the workforce regulator and newly appointed staff receive support to achieve this. The service ensures care staff receive adequate training. Care staff told us they feel sufficiently trained to undertake their role. Overall, the training matrix we viewed showed a range of core and specialist training is provided to ensure positive care practices are followed. Staff have regular supervision and annual appraisals, and regular staff meetings are held to keep them up to date. Staff feel valued, supported and feel teamwork at the home is good. They also told us that they are able to talk to the new manager, who is approachable. Staff said: *“She gets things done for the residents”*, *“There is a completely different atmosphere, much more relaxed and resident orientated”* and *“She’s wonderful, very good at her job”*.

Good quality assurance processes are in place. Reports show the RI conducts regular visits to speak with staff, people, and representatives and six monthly quality assurance reports consider the standard of services offered. We saw evidence staff meetings take place to ensure staff remain up to date on any changes, offer feedback or discuss any topics of importance. We looked at a selection of policies and procedures and found these to be up to date and sufficiently detailed. Identified safeguarding referrals or areas of concern are managed and reported promptly. The service benefits from having a stable staff team in place, with a number of staff members having worked in the service for several years. Staff told us rotas are managed appropriately and the staffing levels are sufficient to enable them to meet people’s needs. The new manager demonstrates a good understanding of the service and its current strengths, they also confirm further work is to be undertaken to improve personal plans and recording. Staff we spoke with told us *“I love working here”*, *“We all help each other”* and *“Brilliant here, I love it”*.

People can access information to help them understand the care, support and opportunities available to them. The statement of purpose and information leaflet describes the current arrangements in place regarding the service’s accommodation, referral and admission process, the type of care and support available and ways in which it is working towards providing a Welsh language service provision.

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
36	The service has not ensured care staff have received training in line with their statement of purpose.	Achieved

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
15	Personal Plans need to be updated to accurately reflect people's care and support needs and mitigate risk	New
58	Temperature logs for medication storage areas were not available and reason for and outcome of PRN administration were not recorded.	Achieved

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Date Published 04/09/2023