



## 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**

24/01/2023

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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	[Manual Insert]28.06.2022
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 are happy with the care and support they receive at Ty Cwm Ogwr. People tell us they enjoy living at the service and provide positive feedback on care workers. The service has systems to ensure care and support offered is of a good standard. Personal plans highlight people's individual outcomes and are clear and concise. Mealtime experiences are positive. People are encouraged to eat their meals within dining areas, but they do have choice about what and where they prefer to eat. People live in a positive environment where they can make choices and decisions whilst being protected from harm. People appear happy, content and occupied. Staff treat people as individuals whose choices, likes and dislikes are considered. Staff recruitment is safe and effective. Staff do not always receive the required training to carry out their role. There has been a recent change in the oversight of the service. The manager has left however, an interim manager is in post whilst the recruitment process takes place. There is currently no responsible individual (RI) for the service, CIW is awaiting an application from the new nominee. However, oversight is maintained by a manager from another service and the Provider Services Manager.

## Well-being

People are treated with dignity and respect. We observed positive interactions between people and care workers throughout the inspection. We could see people and care workers have a genuine good rapport and care workers are familiar with people's needs and the best ways of providing care and support. Positive feedback from people and their representatives regarding the quality of care provided supported our observations.

Care documentation within the service is informative and up to date. Care plans are person centred, detailed and clear to follow. Care workers have a very good knowledge of people and are therefore able to notice any changes quickly and respond promptly. People remain as healthy as they can be due to timely referrals to healthcare professionals and generally effective administration of medication.

The environment in which people live is safe and homely. There are consistently good maintenance arrangements in place. Health and safety is given priority with regular audits carried out on areas such as fire safety and water temperatures. The service is uncluttered and generally free from hazards. Mobility equipment is in good working order. People like living at Ty Cwm Ogwr Residential Home and are happy. Comments include *"you won't find anything wrong here"* and *"they are better than good"*.

People are protected from harm and abuse. There are policies and procedures in place underpinning safe practice. Care workers are trained to meet the needs of the people they support and can spot the signs of abuse, neglect, poor health, and act accordingly. Care workers we spoke with said they feel confident any issues raised with the interim manager will be actioned promptly. There is a safe recruitment process and staff feel supported within their roles.

There is a clear management structure for the service but at present the manager and RI posts are vacant. We received positive feedback from the staff we spoke with, who told us they feel valued and supported by the interim manager. There are effective systems for monitoring and auditing standards of support and the environment. The statement of purpose is available to individuals or their representatives. Individuals can access independent advocacy services.

## Care and Support

People experience warmth and kindness. We saw care staff treat people as individuals. They are very attentive and respond to people's different needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff. Staff speak in a friendly, caring and respectful way and people respond positively. People living at Ty Cwm Ogwr told us "*I think they do a wonderful job, nothing is too much trouble*" and "*we are all very happy*". We witnessed positive interactions during the inspection and saw care staff supporting people in a dignified manner.

The service has systems in place for the management of medication. Medication is stored appropriately, and we found no gaps in the medication administration records (MAR). Staff confirmed that daily temperature checks are undertaken but, on the day of inspection, the record could not be located. However, improvements are required to ensure that current guidance is followed in relation to recording the reason for and outcome of PRN (as required) medication. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Personal plans identify people's current care needs. We examined people's care files and saw they provided up to date clear information on the individual's needs. We saw these are regularly reviewed. Detailed risk assessments are completed when required. Care workers positively interacted with people throughout the inspection. Meals are freshly prepared and are well presented and served efficiently. People told us "*there is plenty of food*", "*it's always nice*" and "*it's excellent*". A relative said "*they've always got the menu up, for family to see*".

The service maintains good standards of hygiene and infection control. We found the home to be clean and hygienic throughout. All staff follow current Public Health Wales (PHW) guidelines, and appropriate personal protective equipment (PPE) was being used throughout the home during the inspection.

## Environment

People live in a comfortable home that is clean, homely and has a personalised environment. 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 have personalised their bedrooms in accordance with their wishes with items such as pictures, paintings, and ornaments. 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 chatting together. We found the home warm and comfortable and supported people's well-being.

The service has systems in place that ensure the home and its facilities are safe. We looked at a range of documentation that relates to health and safety and the maintenance of the service. The information provides a detailed overview of a rolling programme of safety checks, servicing and maintenance of the home's equipment and facilities. Effective and efficient fire procedures, testing is in place to protect people. Records confirmed fire alarm tests take place weekly.

Confidentiality is maintained throughout the home. People are safe from unauthorised visitors entering the building, as all visitors have to ring the front door bell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. Care records are stored safely and are only available to authorised care workers.

## Leadership and Management

People can access information to help them understand the care, support and opportunities available to them. The statement of purpose and Information leaflet accurately describe 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. The statement of purpose also includes details of the service's supervision and training arrangements for care staff. The human resources (HR) department confirm that the staff recruitment process meets all regulatory requirements.

Not all staff receive all required mandatory and more specialist training. We looked at training records and saw a number of gaps where there had either been no training or a lack of refresher training. This means that staff are not always adequately trained for their role. This was raised as an area for improvement at the last inspection. We have issued a priority action notice to the service, who must take immediate action to address this issue.

Care workers spoke highly of the home's interim manager and considered they worked well together. New care staff receive an induction in line with Social Care Wales's requirements. A number of staff have worked at the home for several years, which provides continuity of care for people. They told us they feel valued, supported and overall teamwork at the home is good. The previous inspection identified policies and procedures were not current or reviewed. This is being addressed at corporate level and significant progress has been made. We looked at a selection of policies: medication, safeguarding, whistleblowing and found them to be up to date. Staff say they feel supported and that morale at the home is good. They also told us that they are able to talk to management, who are all approachable. Staff told us *"everything is fine"*, *"I love it"*, *"the manager is approachable"* and *"It's lovely here, they all made me welcome"*. A new programme of staff supervisions is in place to ensure staff are supported in their roles.

Arrangements for governance and quality monitoring allow the service to identify areas for improvement and operate effectively. RI visits take place regularly which engages with people and care workers to inform improvements. The service produces a quality of care report on a six monthly basis, which highlights the service's strengths, areas for development and the analysis of events such as safeguarding matters, complaints and concerns.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
36	The service has not ensured care staff have received training in line with their statement of purpose.	Not Achieved
80	The responsible individual must prepare a report to the service provider including an assessment of standards of care and support and recommendations for improvement at the service	Achieved
60	The service provider must notify CIW of events specified under Part 1 Schedule 3	Achieved
12	The service provider must ensure appropriate policies and procedures are in place, and that these are appropriate to people at the service and kept up to date.	Achieved
19	The service provider must ensure the written guide is dated, reviewed, and updated as needed. It also	Achieved

	needs to include information about how to make a complaint and availability of advocacy support.	
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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	Temperature logs for medication storage areas were not available and reason for and outcome of PRN administration were not recorded.	New
15	Personal Plans need to be updated to accurately reflect people's care and support needs and mitigate risk	Achieved



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