



Inspection Report on

Ty Waunarlwydd

**Ty Waunarlwydd Home For The Elderly
Swansea Road
Waunarlwydd
Swansea
SA5 4SN**

Date Inspection Completed

19/04/2023

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About Ty Waunarlwydd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	11/03/2022 & 21/04/22
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

Ty Waunarlwydd is a large home in the centre of a residential area in Swansea. People are happy with the care and support they receive. We saw good interactions and engagement with people. The accommodation provided within the larger service includes four separate communal areas and kitchenettes, resulting in more person-centred care and support. People have personal plans and risk assessments in place to meet their needs. The service is spacious, and simply decorated. There are mechanisms in place to safeguard people and staff understand their responsibilities to report. There are safe systems in place for the safe administration and storage of medication. Appraisals are not carried out in line with time scales set out by regulations. This is an area for improvement. The service deal with emergency placements daily. However, outside this protocol an emergency bed is available as part of a rostered-on call system within the local authority. Placement to this emergency bed is not always appropriate. The maintenance file seen shows maintenance checks are being carried out however some gaps were seen and brought to the attention of the manager. Staff have received training and know people well and understand their needs. There is an approachable Responsible Individual (RI) giving good oversight of the service.

Well-being

People are happy, active and as healthy as they can be. People told us; *“The home is really friendly, everybody is friendly, and everything is good I don't dislike anything.”* And *“Staff give me my medication, they're kind and nice to me.”* There is a large staff team in place, staff are separated into the four living areas with some having worked in the service for some time. People told us they are happy with the staff and the environment.

People have a voice and are listened to. People are supported to make choices about the things that are important to them to support their well-being. People told us; *“Staff are as good as gold the food is good.”* Personal plans contain information on people's preferences, likes and dislikes. The RI makes themselves available to speak to people in the service.

People are protected from abuse and harm. Staff receive training and are aware of their responsibilities to report any concerns about people they support. The provider has a robust safeguarding policy in place. Referrals and advice from professionals regarding health services are sought as needed.

People live in suitable accommodation that supports and encourages their well-being. Rooms are personalised to people's preferences and the home is suitably furnished. Communal areas are clean, free from clutter and simply decorated. Relevant safety checks are completed; however, we did see some gaps in the maintenance file this has been discussed with the manager and RI. There are clear infection control measures in place. Medication is being well managed in the service.

People's physical and emotional well-being is supported well. People receive good quality care which is person centred and meets their needs. We saw people supported to engage in activities. People and relatives are included in the review process.

Care and Support

The service provides a range of information to support people in making an informed choice about the suitability of the service to meet their needs. There is a statement of purpose (SoP) which is clearly written and accurately reflecting what people can expect from the service. The guide to the service gives additional information about the admissions and complaints process. For the most part the admissions process works well. The service deal with emergency placements daily. However, outside this protocol an emergency bed is available as part of a rostered-on call system within the local authority. The placement of people in the emergency bed is not always suitable. Staff told us; *“There is an expectation to take an emergency placement, we feel obliged to say yes, this has resulted in inappropriate placements.”* Inappropriate placements may place a risk to those already using the service. This was discussed with the RI. There is no impact on people at this time, an improvement notice has not been issued on this occasion, but we expect the provider to ensure their admissions system is followed for emergency placements, embedded and sustained. People are well supported. Personal plans give instructions to staff on the support of people to meet their personal outcome. The quality of the writing of plans can fluctuate depending on those writing them. This was discussed with the manager, who will audit the quality of writing as part of the quality monitoring process. Plans are reviewed regularly and include people.

The standard of care is good. We saw good interactions and engagement with people. We saw people making drinks, helping with laundry collection and one person washing dishes independently. Staff and people told us these activities are a daily occurrence. A professional told us; *“I am very happy to place people here, I have no concerns they are approachable, and they will be open and honest with me.”*

The provider has mechanisms in place to safeguard people they support. We saw a comprehensive safeguarding policy and procedure in place to safeguard people. We saw a training plan showing staff receive safeguarding training as part of their induction and refresher training online. Deprivation of Liberty Safeguards are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

There are good systems in place to manage medication at the service. We saw that medication administration records (MAR charts) contain all the required information and are completed correctly. There are good clear instructions in place for the storing, ordering and auditing of medication.

Environment

The property meets the needs of people. The home is very large split into four separate accommodation areas, each having their own kitchenette and communal area. Resulting in smaller numbers of individuals being supported. Which suits the needs of people and fosters a more person-centred environment and approach to care and support. We saw people are engaged and supported to maintain daily living skills, washing dishes and carrying laundry. People's rooms are suitably furnished and contain items important to them. Areas of the home have been redecorated and there is further redecoration planned which specifically supports the needs of people living with dementia. Changing a corridor to look more like a street with bedroom doors made to look like the front door of a home. These changes will help maintain people's independence while navigating the home. There is good communal outdoor space to encourage mobility, social interaction, and well-being.

Health and safety checks of the premises are completed. The home was secured upon arrival, our identity was checked, and we were requested to sign the visitors book in accordance with fire safety arrangements. The provider has systems in place to identify and mitigate risks to the health and safety of people. The maintenance file seen shows maintenance checks are being carried out however some gaps were seen and brought to the managers attention. There is no impact on people, an improvement notice has not been issued on this occasion, but we expect the provider to ensure these checks are carried out, embedded and sustained.

The service promotes hygiene practises and managers risk of infection. We saw personal protective equipment stations around the home, staff carrying out good hygiene practises whilst serving food.

Leadership and Management

Governance arrangements around the service is good. The service has systems in place to monitor and review the quality of care provided. The management team show a good knowledge and understanding of the people living in the service. There was an openness through inspection from the team as a whole. This was also reflected in the quality monitoring visits and reports generated by the RI. The RI gives actions for the manager and team to maintain and improve quality of care and support, through the quarterly and bimonthly reports seen.

The service is delivered in line with the (SoP) which sets out what services will be provided and how they will be delivered. The guide to services gives clear information around admissions and complaints procedures. Staff are trained to support them in their roles and responsibilities in meeting the outcomes of people. The staff training plan is up to date and meets the expectations within the SoP. We looked at 7 staff personnel files and saw all recruitment documentation is in place. The frequency of staff supervision has improved since the last inspection. However, the quality of the supervision needs improvement. Staff told us communication within the management team needs to improve and not all actions noted in their supervision was being addressed. This was discussed with the Responsible Individual and manager to follow up. The frequencies of appraisals are not in line with regulations. The manager acknowledges the service is not compliant. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported by a service that meets their needs by staff with the knowledge skills and understanding to support people to meet their needs and individual outcomes. Staff have a good understanding of the safeguarding process. There is a clear and robust safeguarding policy and procedure in place which is accessible to staff. All staff complete safeguarding training as part of their induction and refresher training is online. Staff feel they have the skills and knowledge to report issues and feel confident they will be addressed. Staff told us; *“Safeguarding is anything that is unnecessary, that effects people”*. And *“You need to ensure the care they need is given, and I would challenge any abuse.”*

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	Annual appraisals have not been carried out in line with regulations.	New
36	Not all staff members received a 3-monthly supervision and an annual appraisal. Ensure all staff receive regular supervision and annual appraisals.	Achieved
58	There were some gaps in Medication Administration Records (MAR) for one individual, reasons for administering PRN (as required) medication were not being consistently recorded on the back of MAR charts for x4 individuals. Management audit systems need to improve in order to identify these shortfalls and ensure staff follow safe systems of work.	Achieved

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