



Inspection Report on

Garth Olwg

**Main Road
Church Village
Pontypridd
CF38 1BT**

Date Inspection Completed

19 April 2022

20/04/2022

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About Garth Olwg

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. 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 support they receive. Care staff are considerate and polite, as well as dedicated to their work. There is a long-standing staff team in place, and they know the needs and preferences of the people they care for. Management is visible and approachable. Management has good oversight of the service and has procedures in place to identify areas of improvement

People take part in activities; external visits and trips out are being re-introduced following the pandemic. People were very complimentary about the food provided.

Policies and procedures are in place to help protect people from harm or abuse.

The service was compliant with regulations in relation to the safe storage of information and the administration of medication records. Care plan documentation is clear and concise. Personal plans are reviewed regularly but the reviews do not fully discuss if people's personal outcomes are being met.

Well-being

People live in an environment that is supportive and provides appropriate care for them. People said they felt listened to and supported in making choices and their rights are upheld.

People are involved in the planning of their care and the personal plans reflect their needs and wishes. Their individual circumstances determine the care and support they receive. People's particular vulnerabilities, and strategies for protecting them from harm, are identified in risk assessments, which are regularly reviewed.

People commented positively to us about the care they receive, and felt their wishes and dignity are respected. They spoke well of the staff, saying "*the food is nice with lots of choice.*" and "*I am very happy here.*"

Management is approachable and has an open-door policy. Communication with staff, people, and their relatives, is good. To enable reflecting on the quality of care and making improvements, the service has various formal and informal opportunities for people and their representatives, to ask questions and to give feedback. Up-to-date written information about the service, and access to advocacy, is available for the interested public.

Systems to safeguard people from harm and abuse are embedded in the service, and staff have training to recognise signs of neglect, abuse and poor health, so they know their safeguarding responsibilities and can act appropriately.

Care workers are correctly recruited and vetted. They have supervision and say they feel well supported.

We were told the Active Offer of the Welsh language is provided.

Care and Support

Care documentation within the service is informative and up to date. Personal plans are person centred, detailed and clear to follow. Care staff have a very good knowledge of people and are, therefore, able to notice any changes quickly and respond promptly. Personal plans are reviewed regularly, however, they focus on people's personal outcomes more fully.

People remain as healthy as they can be due to timely referrals to healthcare professionals and effective administration of medication. People's individual dietary needs are considered, and healthy, nutritional meals ensure people remain healthy. A range of choice is offered, and kitchen staff can respond to individual requests for meals. We observed staff having lunch with residents and there was a relaxed atmosphere with lots of chats taking place. Equipment such as a call bell system is available, and this enables people to get the care they need at the right time.

A sense of belonging and security is essential to a person's well-being. Garth Olwg does provide that for the individuals living there with residents telling us they liked the staff and were very happy living there. The supporting policies and procedures were robust. Policies are up to date and service specific. There is a statement of purpose (SOP), which is a document that sets out information about the service provided. The responsible individual (RI) has a robust oversight of the service and carries out visits to the home as required by regulations.

Staff told us that they were aware of the All Wales Safeguarding Procedures and know how to make safeguarding referrals. Staff told us they feel confident raising issues with management and believe they would be acted on.

The pandemic has had an impact on training and staff supervision. Face to face training had been reduced and staff absences made regular supervision difficult. However, we saw evidence that training and supervision has improved. Staff told us they receive sufficient training to meet people's needs.

We saw that medication was administered appropriately, medication administration records were complete and medication room and refrigerator temperatures were recorded daily.

Environment

Garth Olwg provides an environment with facilities and equipment that promotes good care and support. People are protected and their safety maintained. We saw that the premises are safe, and people are protected against intruders. The home was locked, and visitors had to ring the bell to gain entry.

The home is purpose-built with appropriate layout and space for use of wheelchairs and transfer aids. Residents have a choice of lounges, bedrooms and bathrooms on both levels; a lift connects them for those unable to use the stairs. There are specialist rooms, such as for hairdressing, visitors and medications, as well as various spaces for quiet time, training or confidential conversations. A spacious garden with flowers, raised vegetable beds and sheltered seating in summer is available for residents. All parts are accessible with a wheelchair. Relatives and staff described the home as being comfortable and clean.

There is an ongoing programme of maintenance, repair and checks in place to ensure the environment is safe; the overall standard of cleanliness and hygiene appears to be good. Substances hazardous to health are stored safely. Files and medications are locked away to ensure confidentiality and safety. The maintenance records show that utilities, equipment and fire safety features have regular checks and servicing. All residents have a personal emergency evacuation plan specific to their individual support needs

The service has good infection prevention and control systems in place. There is an infection control policy that provides clear guidance for care workers to follow. A dedicated Covid-19 risk assessment provides up-to-date information on how to reduce the risk of cross contamination. On the day of our inspection, we saw all care workers wearing the required levels of personal protective equipment (PPE). The service follows guidance in relation to visitors to the service.

We saw several bedrooms, many of which were personalised with photos and keepsakes which reflected the individual's personalities and interests. This promotes a feeling of belonging.

Leadership and Management

There are arrangements in place for the oversight of service delivery. The RI conducts regular visits to the service and meets with staff and residents to discuss service-related matters. During these visits, the RI conducts an environmental assessment and examines audits and other areas such as complaints, safeguarding matters and staff training compliance. They also complete a quarterly report, which considers the oversight of operational matters, such as staffing and resources. On a six-monthly basis the service publishes a quality-of-care report that details what the service does well and any areas for improvement. Policies and procedures underpin service delivery. We sampled a selection of these documents and found them to contain practical information. Our records evidence that the service notifies CIW regarding relevant events at the home. Policies we looked at were regularly reviewed and updated to reflect current national guidance. The home has written information that outlines its vision, ethos and services provided. We examined this and found people receive a service as specified within the SOP and service user guide (SUG).

Care workers receive training to meet the needs of the people they support. Records show the service is compliant with its core training requirements. Care workers we spoke to told us they have access to an ongoing programme of training and development that equips them with the skills and knowledge to deliver quality care. As well as core training the service offers specialist training relevant to the person's specific support needs.

Care workers are supported in their roles and feel valued as employees. Supervision and appraisal records show care workers are receiving the required amount of formal support from the manager. Care workers told us the manager is easy to approach and provides support on both personal and professional levels. They hold regular staff meetings, where the team discuss operational matters such as health and safety, staffing and support for people residing at the service.

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 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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