



## Inspection Report on

**Ty Mawr Ltd**

**Ty Mawr Nursing Home  
Caehopkin Abercrave  
Swansea  
SA9 1TP**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

20/02/2024

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## About Ty Mawr Ltd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	TY Mawr LTD
Registered places	54
Language of the service	Both
Previous Care Inspectorate Wales inspection	7.2.2023
Does this service promote Welsh language and culture?	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 living at Ty Mawr receive a good standard of care. They are happy with the care and support they receive from care workers and nurses who are respectful and caring. Staff know people well and interact in a kind and caring manner. Personal plans detail how people like their needs met and are reviewed regularly. People can choose to be involved in a range of activities. They are also very satisfied with the meals served at the home.

Not all staff receive regular supervision as required and improvement is also required to ensure all staff have received required training. The service needs to keep policies updated and relevant. Improvements are required to the upkeep of the decor and to enhance the environment, particularly for people living with dementia. People would also benefit from having a choice of both bathrooms and showering options in the home. The responsible individual (RI) must implement more robust quality assurance checks to ensure people receive good care and support in accordance with the statement of purpose.

## Well-being

Care documentation within the service is informative and up to date. Personal plans are person centred, detailed and clear to follow. Care workers have a 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 effective administration of medication. Healthy and nutritious meals consider people's dietary needs. People living in the home and their relatives told us they are very happy with the care provided at Ty Mawr.

People and their representatives feel listened to, and they are able to express their views. We observed many instances of positive and meaningful interactions between people and their care staff. People are happy and content in the service. One person told us *"I'm very happy here"*.

There are measures in place to keep people safe. Care workers are aware of their safeguarding responsibilities and are mostly trained to keep people safe. Care workers are recruited in line with regulation and are subject to pre-employment checks to ensure their suitability for the role. Infection control measures including the use of personal protective equipment (PPE) reduce the risk of cross infection. Medication is securely stored and administered as prescribed. Policies and procedures promote safe practice, however, some need reviewing to ensure they contain the most up-to-date guidance and legislation. Some improvements to training, supervision and governance are needed to ensure staff continue to practice safely and effectively.

A good range of activities are provided by the home. Activity coordinators complete a weekly planner after talking to people about what they would like to do. We saw people enjoying a quiz on the day of our inspection. Other people were enjoying having their hair done by a visiting hairdresser. People also enjoy one to one activities, having entertainers in the home, and parties for special events.

Improvements are needed within the environment to ensure people have choice in how they like to wash. Some areas of refurbishment identified previously remain outstanding. The environment offers people access to a range of communal areas as well as the privacy of their own bedrooms. The service is clean and infection control procedures are in place to minimise the risk of infectious outbreaks.

## Care and Support

A dedicated team of care workers and nurses deliver care and support. Staff turnover at the service is low which provides good continuity of care. We observed positive interactions between care workers and people living at the service. We saw people being treated with warmth and kindness. People are supported to do the things which are important to them. There is a varied and regular programme of activities. People told us “*The staff are great*” and “*It’s lovely here*”. A relative told us “*There’s plenty going on*” and “*My mum is happy, safe and well looked after*”.

Personal plans set out people’s care, support needs, and highlight any risks to the person’s health and well-being. We examined a number of electronic personal plans and found they are detailed and person centred. This means the information recorded in them is dedicated to the care and support needs of the person. Risk assessments outline people’s vulnerabilities and provide information on how to keep people safe. Daily recordings are up-to-date and various tools such as food and fluid charts are used to monitor people’s overall health when necessary.

People are supported to remain as healthy as possible. We saw personal plans contained documented information that suggests people have good access to additional health and social care services. Medication is stored safely and administered in line with the prescriber’s recommendations. We examined medication administration records (MAR) and found them to be filled in correctly with no gaps. Staff carry out the relevant storage temperature checks on a daily basis. Controlled medication is also appropriately stored and recorded. Meals are freshly prepared and we found in the main meals were well presented and served efficiently. People told us that they enjoyed the meals and could always have something different if they wished. One person said, “*The food is very good, always a choice, plenty of food*”.

Overall, there are consistent and appropriate staffing levels in place to meet the care and support needs of people living at the service. There are sufficient staffing levels for each shift, with some staff having worked at the service for a significant period. Care workers respond quickly to any requests of help. The staff are supportive of each other and complimentary of the support the management provide. When talking about the manager a relative said “*she is great*”.

## Environment

Confidentiality is maintained throughout the home. People are safe from unauthorised visitors entering the building. 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 staff. Personnel records are securely stored.

People live in a homely environment but improvements are required to achieve their personal outcomes. There are two floors in the building with all communal areas, offices, kitchen, medication and laundry room on the ground floor. The first floor is accessible via stairs and a lift and consists of bedrooms and bathrooms. Some of the bedrooms have their own toilet facilities. Bedrooms are personalised with items such as photos and ornaments of people's choice. The two bathrooms are not currently accessible to those with mobility issues, therefore people are unable to choose between bathing and showering. Some areas of the home present as tired and in need of decoration to enhance the appearance of the environment. Consideration should also be given to providing more dementia friendly décor to support orientation and wellbeing. These are areas for improvement, and we expect the provider to take action. The kitchen is clean and organised and has been rated 5 by the Food Standards Agency (FSA) demonstrating high standards of hygiene.

## Leadership and Management

People can access information to help them understand the care, support and opportunities available to them. The statement of purpose and service user guide both describe the service the provider aims to deliver. This includes the service's accommodation, referral and admission process, the type of care and support available and ways in which it provides a Welsh language service provision. Both are available in Welsh.

The provider is failing to undertake effective governance and oversight of the service. Improvements are required to ensure the service is delivered in accordance with the statement of purpose. There is no evidence to indicate that the new manager had a suitable induction or had probationary support. Improvements are required to support staff to receive regular, up to date training and to ensure staff receive regular, formal supervision. We have read the last two RI quality assurance reports. They do not demonstrate there are systems in place to monitor, assess and analyse the level of care and support which is being provided and require more detail. Audits are completed monthly, but they need to be more robust. The latest environmental audit did not identify some windows do not have suitable window restrictors. These are areas for improvement, and we expect action to be taken by the next time we inspect.

A new manager has been appointed since the last inspection. There has been recent recruitment and the reliance on agency staff has reduced significantly. The service carries out the required checks when recruiting new staff. Staff told us they feel comfortable approaching the manager if they have any concerns. We were told "*She's a good one*" and "*everyone likes her*". The manager supports staff to raise concerns about the service through whistleblowing and safeguarding procedures. The safeguarding procedure was discussed at the last staff meeting. Policies are in place and staff are able to access these. However, the policies viewed require updating to include the latest guidance and correct legislation. This was identified at the previous inspection and has not been fully addressed. This is an area for improvement, and we expect the provider to take action.

### 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
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
6	The service must be provided in line with the statement of purpose	New
44	The provider is not compliant regarding the environment for people living with dementia and having a choice of bathing or showering	New
80	The provider has not completed the six monthly quality assurance report as required	Not Achieved
12	The provider must ensure all policies and procedures are in place, reviewed and relevant.	Not Achieved

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