



Inspection Report on

Ty Cysgu

Bridgend

Date Inspection Completed

16/02/2024

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About Ty Cysgu

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ty Cysgu Limited
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	18 th January 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Ty Cysgu provides respite care for people with a learning or physical disability. The service provides a good standard of person-centred care and support. People are supported to be as independent as they can be and are treated as individuals. Care staff are familiar with people's needs and routines and treat people with dignity and respect. Personal plans provide detail on care delivery and keeping people safe.

Care staff are recruited in line with regulation and are supported within their roles. Care staff are trained to meet the needs of the people they support, however, not all care staff are up to date with the services training requirements. The Responsible Individual (RI) maintains a good level of oversight and quality assurance monitoring takes place regularly. The environment is maintained to a good standard and helps support people's well-being.

Well-being

Care staff at Ty Cysgu treat people with dignity and respect. Care plans and risk assessments are reflective of people's needs. They provide guidance on care delivery and keeping people safe. Care staff are aware of people's likes, dislikes and preferences and have positive relationships with the people they support. We saw positive interactions between people and care staff on the day of our inspection. People appeared calm, relaxed, and happy in the presence of care staff at the service. People's relatives provided complimentary feedback on the care and support provided.

People are relaxed, comfortable and know what opportunities are available to them. Care staff support people to do the things they enjoy and be as independent as they can be. We saw people have access to a range of activities suited to their preference. The service uses the active support model to monitor people's participation. This approach is used to engage people with learning disabilities in meaningful activities.

People are supported with their health needs. There are measures in place to ensure people receive their medication as prescribed. There is a medication policy and care staff receive medication training. The staff team is well-established. They know the people they support well and can recognise changes in their presentation and report to the relevant professional for advice.

There are measures helping to keep people safe and protected from abuse. Care staff are recruited safely and are well supervised by the management. The services safeguarding policy is reflective of current legislation. All other legally required policies are in place helping to support safe practice. Care staff we spoke to understand their safeguarding responsibilities and know the procedure for raising concerns.

A well-maintained environment helps to support people's well-being. Utilities, facilities, and equipment are subject to routine safety checks to ensure they remain in good working order and are safe. The home is clean and tidy throughout with suitable furnishing and décor in communal areas and bedrooms.

Care and Support

Personal plans are in place and up to date. Personal plans are written with people who access the service, their relatives and health professionals. Plans show detailed information to support and care for people in line with their identified needs. Records evidence personal plans are reviewed regularly to ensure they remain up to date and effective.

Communication logs and daily records we viewed evidence people's day-to-day experiences, and that the care provided is in line with their personal plans. A number of files we examined were disorganised, we found duplicate information and old information. We spoke to the management team about this as this may cause confusion to care staff. They assured us that they would address this matter.

People staying at the service are provided with the care and support they need which considers their personal wishes, aspirations, and outcomes. One relative said, *"The service is brilliant, I don't know what I'd do without them"*. Another relative said, *"The staff are very good. They are all amazing. They do loads with my daughter there. They treat her as part of the family"*. We saw staff speak in a friendly, caring, and respectful way and people responded positively. People looked relaxed and comfortable in the presence of care staff. The service uses the active support model which supports people to promote independence and take an active part in their own lives. This is also used to track progress in activities. Records in the home show people participate in a range of daily activities. We saw photographic evidence in people's files of them participating in activities they enjoy.

People living at the home receive their medication as prescribed. Medication checks are completed. 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 but contained duplication of paperwork which may result in errors. We discussed this with the management team who assured us they would address this issue. Medication is stored safely in a locked facility and controlled drugs and stock checks are managed effectively.

Environment

Ty Cysgu is a pleasant well-presented property situated near the town of Pencoed. There are three bedrooms which are spacious, suitably furnished and nicely decorated. People can personalise their bedrooms with personal belongings during their stay if they choose to do so. Communal areas consist of a lounge and kitchen / diner. These rooms are comfortable and clean providing a space where people can relax or participate in activities. There is a communal bathroom which is well-maintained. A garden to the rear of the property is available for people to use. Standards of hygiene and cleanliness within the home are good. Staff follow a cleaning schedule to ensure the home is kept clean and tidy. The kitchen has been awarded a score of five by the Food Standards Agency which is the highest possible. The home is safe from unauthorised access. All visitors are required to sign before entry and upon leaving.

People are cared for in an environment which is safe. Substances hazardous to health are securely stored, in line with Control of Substances Hazardous to Health (COSHH) regulations. The home is clear of clutter and obstructions. We did not identify any obvious hazards on the day of our inspection. Routine health and safety audits are completed to identify and action any potential hazards. Arrangements are in place for maintenance works to be undertaken when needed. We saw up to date safety certification is in place for utilities and fire safety features. Staff conduct regular fire drills and every person who accesses the service has a personal emergency evacuation plan (PEEP). These documents are easily accessible and inform staff of the level of support people need in the event of an emergency.

Leadership and Management

Care staff are happy working at the service and feel supported in their roles. Care staff we spoke to describe the management as *“Brilliant”*, *“Organised”* and *“Supportive”*. There is a low turnover of staff and staff describe team morale as being *“Excellent”*. We saw care staff receive the required levels of formal support. They have regular supervision to discuss their work and any issues or concerns they may have. An annual appraisal is completed where performance and professional development is considered. We were told staffing levels are based on people’s assessed needs. The rota showed target staffing levels are being met and was reflective of staffing levels on the day of our inspection.

There is a safe recruitment process ensuring care staff are suitable to work with vulnerable people. We examined a selection of personnel files and found all the required pre-employment checks have been completed, including Disclosure and Barring Service checks and references from previous employers. All new employees must complete a structured induction. Following this ongoing training is provided. We examined the services training records and found not all care staff are up to date with their training requirements. We discussed this with the management team telling them this is an area for improvement. We would expect to see this matter resolved by the next time we inspect.

Governance and quality assurance arrangements help the service run smoothly. The RI has good oversight of service delivery and works well with the management team. We saw evidence the RI visits the service regularly, speaks to people and care staff, and analyses a range of information to inform improvements. Every six months a quality-of-care review is completed. Following this a report is published detailing the reviews findings. We looked at the latest quality of care report and found it highlights the services strengths and areas where it can develop further. We examined a cross section of the services policies and procedures including complaints, infection control, medication, and safeguarding. We saw policies and procedures are kept under review, updated when necessary and contain clear information to guide care staff. Other written information we viewed included the statement of purpose and service user guide. Both documents contain all the required information and are reflective of the service provided.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
36	The provider is not compliant with regulation 36(2)(d). This is because not all staff are up to date with their core training requirements	Not Achieved
16	The provider is not compliant with regulation 16(1). This is because not all people's personal plans have been reviewed within the required timescales	Achieved

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