



Inspection Report on

Ty Bryn Residential Care Home

**Ty Bryn Residential Home
Old Lane Abersychan
Pontypool
NP4 7DG**

Date Inspection Completed

30 November 2021

30/11/2021

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About Ty Bryn Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Amaranth Care Ltd
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	Manual Insert 13 March 2019
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language. It does not anticipate or meet the Welsh language needs of people who use, or intend to use their service.

Summary

People are complementary of the staff and the services provided at Ty Bryn. We found the atmosphere at the service was relaxed and people were comfortable. Individuals are treated with dignity and respect. The service promotes a homely, clean and safe environment. Suitable arrangements are in place to support the smooth running of the service. The service works collaboratively with healthcare services. We found the management team are responsive and proactive in meeting recommendations made from professionals.

Well-being

People are encouraged to make everyday decisions that affect their lives. People's personal plans document their individual likes and preferences. We saw individuals making food and drink choices, and decisions about where they wanted to spend their time. Staff are kind and sensitive. Staff kept a resident with additional hearing needs fully informed about vaccinations with use of a communication board.

People are supported to maintain their physical, mental and emotional wellbeing. Staff provide care and support in a dignified manner. People's health is monitored to ensure timely referrals are made to healthcare professionals. The management team are proactive in identifying and mitigating risks. The service reported good links with health care services.

People are safeguarded from harm and abuse. Accidents and incidents are routinely monitored. Staff are trained in I-stumble protocols, which is a recognised tool to deal with accidents. Significant events are reported to the relevant agencies in accordance with safeguarding procedures. The management are transparent when dealing with complaints. Advocacy support is available to individuals if needed.

People are encouraged to participate in activities. A designated activity worker provides individual and group stimulation. We saw photographs of individuals taking part in celebrations at the service. Individuals are supported to go for a walk in the local park. During the pandemic, people have maintained relationships with their family and continued to practice their religious faiths. The service has improved facilities and communication systems to enable contact with family and friends.

The accommodation is suitable to meet people's needs. An extension to the property has enabled more residents to live at the service. Routine repairs and renovations take place. Arrangements are in place to ensure the environment is clean, safe and well maintained.

Care and Support

People's care and support delivery considers their personal preferences to meet individual needs. Personal plans direct staff to ask individuals what they want to wear each day, time they prefer to get up and go to bed and the gender of staff they want to assist them with their personal care. We saw routine reviews of people's personal plans are taking place. Examination of people's documents, failed to show any consultation with relatives. To improve outcomes for individuals we suggest this should be considered during reviews. We saw a comment from a relative that they were satisfied with their relatives care and treatment.

Risk assessments are in place to support each individual's health and wellbeing. To maintain people's safety we discussed the need to seek advice from the fire service for an isolated case. We asked the providers to inform CIW of the outcome.

People receive support from a range of healthcare professionals to meet their individual needs. The service works collaboratively with health services. At the beginning of the pandemic we were told some health services were difficult to access which has now eased. Palliative care specialists oversee individual's end of life care. Advance decision making ensures individuals and their relatives wishes are maintained.

Staff are sensitive, kind and responsive to people's needs. A dependency tool is used to ensure sufficient staffing levels to support people. We saw positive and warm interactions from staff towards individuals. Overall, people enjoy a good meal experience. We provided feedback to the management team to improve the mid day meal experience for some individuals. The management team assured us they would consider our findings.

Safe medicine arrangements are in place. Internal and external medication audits take place. Senior staff are trained to administer people's medicines. We discussed the use of "as required medication". Generally, this is used for individual's pain management. We noted documentation for staff to record the effectiveness of the "as required medication" was missing. The documentation was reintroduced prior to us leaving the service.

People's language and communication needs are assessed before moving into the service. In addition, each individual's history, which includes where they previously lived and worked is documented. The service's statement of purpose sets out the staff at Ty Bryn are English speaking. If an individual speaks another language other than English signage can be added in the chosen language. The service celebrates the Welsh culture.

Environment

People live in an environment that is suitable to meet their needs. During the pandemic, the service has increased its provision with two further bedrooms. We walked around the environment and found it is clean, safe and comfortable. The service offers a range of rooms for people; some with additional toilets and en-suite facilities. People's rooms reflect their individuality with their possessions and keepsakes on display. A designated visitor's room has ensured family visits have taken place during the pandemic. The service has an on-going programme of maintenance with regular servicing of aids and equipment. The responsible individual (RI) oversees the service's maintenance arrangements. Areas of the home are redecorated as and when is necessary. The service has installed CCTV to the front to the property to maintain safety and security for people.

People live in a safe environment. The service promotes hygienic practices and manages the risks of infection. Daily checks for staff to mitigate risks for people living at the service are in place. Enhanced cleaning schedules are in use. Policies and procedures are in place, which take into account current legislation and guidance. The service has received a recent infection protection and control visit from local authority, who made some recommendations for improvement. The providers assured us the recommendations made would be actioned. Following our inspection, photographic evidence to show personal protective equipment (PPE) dispensers have been installed was provided.

Leadership and Management

Systems are in place to support the smooth running of the service. A management team supports the day to day operation of the service. The team comprises of the service providers and the manager who is registered with Social Care Wales. A second manager and a deputy manager further support the manager. The management team adopt an “open door” management style. Staff told us they are approachable. Residents and staff have been supported and kept up to date during the pandemic.

Suitable arrangements for regular review and audit of the service are in place. The responsible individual (RI) has full oversight of the service. He is visible as he spends three days each week at the service and routinely consults with residents, relatives and staff. Quality and audit systems are in place which review progress and inform the development of the service. Following the inspection we were provided with copies of the service’s six monthly quality report and RI’s three monthly visits. Residents views about the service are gained through meetings and questionnaires.

Sound recruitment processes are in place. There are suitable selection and vetting practices to enable the service provider to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided with satisfactory references to further support the individual fitness of staff to work at the service.

Staff are able to access training to support their development. Staff training is monitored to ensure individuals have the necessary skills to meet people’s needs. Newly appointed staff receive an induction. The service is looking to introduce the All Wales Induction Framework for Health and Social Care Workers. Staff supervisions and meetings have continued to update and inform the staff team about the service. We saw a staff response, which showed they feel fully supported to perform their role.

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	N/A

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