



# Inspection Report on

**Maes Y Dderwen**

**Charles Street  
Tredegar  
NP22 4AF**

## **Date Inspection Completed**

13/06/2023

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## About Maes Y Dderwen

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Shaw healthcare (Cambria) Limited
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	10 November 2021
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

People receive good care and support at Maes y Dderwen. The ethos of the service is to promote people's independence and develop their skills. People are settled and at ease in their environment. Care staff are kind and respectful. They are recruited following robust recruitment checks, receive regular supervision and training. People's personal plans are in the process of being transferred to an electronic storage system which provides clear guidance for staff to follow. A range of activities within the service and local community are available. The management team are approachable and visible in the running of the service with clear governance, auditing, and quality assurance arrangements in place. The Responsible Individual (RI) visits the service regularly and completes required quality of care reports. The environment is spacious, clean, and homely.

## Well-being

People living at Maes Y Dderwen are treated with dignity and respect. People appeared settled and relaxed in their environment, receiving warm and caring support, with their views listened to. Staff engagement is respectful and considered. We observed staff using humour to settle and reassure individuals. One person told us *“I cannot fault anything; on a daily basis I am asked what I would like to do”* and another person said, *“staff are great, and they motivate me.”* Individual’s views and opinions of the service are regularly sought by the manager and RI.

People have control over their daily routines. Individuals are supported to be as independent as they can be, including attending to their self-care needs. Support is available to aid community participation, alongside a range of group and individualised activities within the service for people to choose to attend or not. Independent advocacy is available for people when needed and positive risk taking is encouraged for the personal development of individuals.

People are encouraged and supported by staff to be as healthy as they can be. Their health is monitored to ensure consistent care and timely referrals. Accidents and incidents are recorded and monitored, with action taken to minimise further occurrence. The service liaises with external health professionals to refer any concerns and follows appropriate guidance. Management of medication is safe and in line with the medication policy. Individual dietary needs are considered, and a range of meals are available. People are actively encouraged and supported to maintain and develop their daily living skills, including meal preparation.

The service provider is continuing to invest in the property to enhance people’s wellbeing. The property is arranged into four self-contained units with central services such as kitchen, laundry, and activity provision. A range of communal area’s are available enabling people to choose to spend time with others or to pursue their own interests. Transport is available to access local amenities and suitable mobility aids are in place to help people where needed. Arrangements are in place to ensure the environment is clean, safe, and well maintained.

There are systems in place to help protect people from abuse and harm. For example, recording and monitoring accidents and incidents. Audits of people’s care delivery and health and safety monitoring is in place. Where there are necessary restrictions in place made in people’s best interests to manage their safety, these appear proportionate. Character and suitability checks of staff to undertake their roles before providing care are completed. Staff complete safeguarding training and have a safeguarding policy and guidelines to follow.

## Care and Support

Care staff are attentive and respond to people's needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff and are positive about the care and support they receive. We heard staff engaging individuals in conversation, using humour, and encouraging others to join in. The manager has acted appropriately to deal with instances of poor practice involving care staff.

A keyworker system provides each person with a designated staff member, which supports consistency and familiarity. People's personal plans which direct staff how to support people in accordance with their likes, wishes and preferences were in the process of being transferred. The service is currently introducing a new electronic system to support service delivery, which includes personal plans. This system requires embedding and sustaining. We were told this system would consistently evidence the achievements people make in respect to their individual goals which support the recovery model approach used by the provider.

Daily recordings and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs. We viewed evidence of appropriate and timely referrals to health professionals and partner agencies, with recommendations and direction from other agencies acted upon by the service. Deprivation of Liberty Safeguard (DoLS) applications have been made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe. There are systems in place for the management of medication. Medication is stored securely and can only be accessed by authorised staff. Records show staff administer medication in line with the prescriber's directions. The home has an up-to-date medication policy in place for care staff to follow and medication is audited regularly.

The service has not always effectively worked with other agencies to participate in the safeguarding process. Notifications to Care Inspectorate Wales (CIW) and referrals to safeguarding have not always been submitted in a timely manner. We were informed of a new incident procedure that will ensure significant events involving residents are reported to agencies in a more consistent way. It is envisaged this will improve the outcomes for people living at the service.

## Environment

The location, design and size of the premises are as described in the statement of purpose. The property is arranged into four self-contained units with central services such as kitchen, laundry, and activity provision. Six people are accommodated in each unit. People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available. Adapted bathrooms are being updated to improve accessibility.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Records we viewed demonstrate routine completion of utilities testing. An annual fire risk assessment is in place with fire safety tests and drills also completed. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency. Substances hazardous to health are stored safely. Window restrictors are in place. There are no obvious trip hazards and daily cleaning, and laundry duties are being maintained.

## Leadership and Management

Governance, auditing, and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI has good oversight of the service. We saw evidence of the RI undertaking the required three-monthly service visits. A six-monthly quality of care review is completed by the organisation's quality assurance team. The quality-of-care report contains analysis of the service and identifies areas for development and improvement. Policies and procedures, for example, management of complaints, medication, and safeguarding, are in place which give guidance to care staff.

People are supported by a team of care staff who are recruited safely. There are suitable selection and vetting arrangements in place to enable the service providers 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 for applicants. Identification and references further support the individual fitness of staff to work at the service. New staff complete an induction programme and care staff are registered with the workforce regulator, Social Care Wales within required timescales.

Systems to support staff and develop their skills are in place. Staff told us they are happy in their role and feel confident in carrying out their duties. The majority of staff at the service are experienced having worked at Maes-Y-Dderwen for a number of years. All staff receive regular formal supervision, alongside informal support systems to support staff wellbeing. Annual staff appraisals are undertaken. Team meetings are held on a regular basis and training records showed the majority of staff had completed core training.

### 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
68	The manager appointed to carry out the day-to-day operation of the service is not registered with Social Care Wales.	Achieved

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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