



Inspection Report on

Ty Eirin

**Ty Eirin Care Home
Thomastown
Tonyrefail
Porth
CF39 8EE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

12/09/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Ty Eirin

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Harbour Healthcare SW Limited
Registered places	87
Language of the service	Both
Previous Care Inspectorate Wales inspection	11 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

People appear happy and well cared for at Ty Eirin Care Home. Care documentation reflects the person being cared for and plans are reviewed regularly. Care staff appear knowledgeable, respectful, and caring when providing support. Medication is managed effectively and potential risks to people's well-being are considered and well managed. The service offers opportunities for people to take part in an extensive range of activities and offers an exceptional level of support to relatives. People and their relatives tell us they have positive relationships with the service and feel listened to.

Staff are available in sufficient numbers to meet the needs of people living at the service. The environment is safe, clean, and well equipped to meet people's needs. Appropriate recruitment processes are in place. Staff receive positive support from the management team and are offered regular training and supervision opportunities. Policies are robust and kept up to date and the Responsible Individual (RI) maintains effective oversight over the service.

Well-being

The service understands people's preferences and supports choice. A statement of purpose and service user guide are available, so people know what to expect from the service. Personal plans and reviews are completed with the involvement of people and their relatives. People's voices can be heard through regular residents' meetings, surveys and discussions with care staff, manager, and RI. When needed advocacy support is arranged to assist people to express their views and wishes. Overall people have control over day-to-day decisions, including what time they wake up, where they eat their meals, activities they participate in and where they spend their day.

Systems support people's emotional and physical wellbeing. Personal plans contain information on people's physical needs, individual preferences, and routines. Ongoing daily checks ensure people remain as well as they can be. The service manages medication effectively and maintains accurate records. People tell us they are happy with the care they receive and have good relationships with staff. Family members feel welcomed when visiting the service. There is a range of creative and imaginative activities in place to support people's well-being. Dietary needs are understood but feedback around meals are mixed, and menus require further strengthening.

People live in accommodation which suits their needs. Utilities and equipment is serviced and maintained to ensure it remains safe. Standards of cleanliness and hygiene throughout the building is good. The environment offers sufficient communal and dining spaces. Bedrooms are personalised and decorated to reflect people's individual tastes. Ongoing investment and refurbishment supports people's overall wellbeing.

Systems are in place to protect people from abuse. The service completes a range of recruitment checks to ensure staff are appointed safely. Accidents, incidents, and safeguarding concerns are reported in a timely manner. All staff receive regular supervision, annual appraisals, and ongoing training. Care staff are aware of how to identify signs of abuse and understand how to report concerns. A range of policies and guidance are in place to support good practice. Staff understand the need to maintain good infection control measures. There are effective arrangements to monitor the quality of care provided.

The service is proactively working towards providing an 'Active Offer' of the Welsh language. Key documentation is available in Welsh, Welsh language signage can be seen throughout the service. A number of Welsh speaking staff are employed, and Welsh language learning sessions are offered to people.

Care and Support

People are happy with the care they receive and have good relationships with staff. People receive care from a stable team of staff who know them well. Call bells are within reach and people tell us staff do their best to answer these as quickly as they can. We observed a number of warm interactions throughout our visit and witnessed staff engaging with people in a kind and caring manner. Relatives are able to visit on a flexible basis and confirm staff are always welcoming and friendly. Comments include: *“It’s a really good place”, “Everyone is well looked after”, “Staff are very good – friendly and helpful.”, “it’s so lovey here I really like it the staff are amazing and kind.”*

Personal plans and risk assessments provide guidance on the best way to support people. The provider completes a personal profile which gives a clear picture of individual likes, dislikes, routines, and interests. A range of assessments and plans help staff to understand how to keep people physically and emotionally safe and well. Daily monitoring records, help staff to identify changes in people’s health needs. Referrals to various health and social care professionals are completed when required. A daily handover held at the end of each shift ensures staff are up to date with people’s current needs.

People’s dietary needs are understood. The lunchtime meal provided on the day of inspection looked sufficient and of a good standard. Some people told us they enjoy the meals provided, while others felt the quality and range were either not to their standards or too limited. Staff told us at times pureed meals lack variety and the supply of certain items could be improved. The management team confirm they are undertaking work to address these issues.

People can spend time undertaking activities they enjoy. An enthusiastic team of coordinators plan a range of innovative activities. As well as book reading, Welsh classes, arts and crafts, gentlemen’s mornings and cooking sessions, people also benefit from a number of seasonal and themed events. The service has a ‘wishing well’ where people can request personalised wishes which the staff team strive to achieve. People can undertake purposeful activities which may have been part of their previous careers, such as supporting the maintenance team with DIY tasks. The service is sector leading in offering support group sessions to relatives who have previously, currently, or potentially may receive future care at Ty Eirin. This group enables relatives to discuss shared experiences and speak to a range of professionals.

Medication is effectively managed. The service uses an electronic recording system to support safe administration. Medication is stored safely, and temperature checks are completed to ensure correct storage temperatures are maintained.

Environment

The building is secure and well maintained. We found high risk areas such as medication, laundry rooms and cleaning cupboards securely locked. Communal spaces are clean and free from clutter and outdoor areas are safe and well maintained. People have personal emergency evacuation plans in the event they need to evacuate the building. Gas and electricity safety testing is up to date and all equipment is serviced regularly. Fire drills and checks are undertaken routinely. Housekeeping staff tell us they have adequate access to supplies and equipment and have a sufficient staff team in place. Kitchen staff told us food items are delivered regularly, and additional ingredients can be purchased if required. At present the kitchen has been awarded a food hygiene rating of 2 (some improvement is necessary). The management team provided assurance they are currently focusing on this area to support improvements.

The environment is suitable and enhances people's overall wellbeing. Individual bedrooms contain personal items, family photographs and furniture. People can choose to remain in or return to their bedrooms throughout the day. A number of cosmetic improvements have been made including painting of walls and updating of soft furnishings. Corridors appear spacious and are pleasantly decorated with specific themes or pictures. On each floor people have access to a dining room and communal lounge where they can spend time with others. On the ground floor a large communal day room is used to host themed events and larger activity sessions. Each unit has access to an outside garden space and seated area. One person showed us a small green house where they enjoy growing vegetables.

Leadership and Management

Several systems are in place to help monitor the quality of services provided. Records of three monthly RI visits show feedback is gathered from people, relatives, and staff. We saw evidence the RI and manager considers the quality of services provided through a detailed 6 monthly quality assurance report. The manager completes a daily walk around to ensure a consistent standard of care and support is provided. The RI is active and present in the service and works alongside the manager to consider future goals and positive outcomes for people.

There are arrangements in place to support the day-to-day running of the service. A range of detailed policies provide guidance to care staff and support good care practices. Regular audits are carried out in core areas such as medication management and the completion of monitoring charts and records. The management team consistently reports any concerns or significant events to the appropriate agencies. Both electronic and paper records are stored securely. People have access to information on how to raise a concern and the service has an up to date complaints policy in place. Staff understand their duty to report safeguarding concerns and feel confident the management team would take action to address these.

The service provides appropriate numbers of staff who overall feel supported in their roles. Staff rotas show adequate numbers of staff on duty. Many staff have worked at the service for a number of years and know the people they support very well. Newly appointed care staff told us they have access to a period of induction and ongoing support. Overall, staff told us they enjoy their work and feel able to approach team members or the management team for support and advice. Staff comments include

“The managers are very supportive and encouraging, I can always speak to someone”,

“We see the manager; she comes on the unit to see us.”

One resident told us *“I can always speak to the manager if there is a problem”*.

Training and recruitment systems are safe and robust. The training matrix shows staff receive sufficient training to undertake their duties. Staff we spoke with confirm they receive regular training and feel they have the correct knowledge and skills to provide care. We saw recruitment files are in good order, containing information to ensure staff are of good character with the necessary qualifications. All staff working at the service have a current Disclosure and Barring Service (BDS) certificate and are registered with Social Care Wales regulators.

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
21	Records are not consistently completed in line with personal plans and plans do not always contain up to date information.	Achieved
16	We found no evidence of consultation with people and relatives when undertaking reviews.	Achieved
58	Medication administration records are not always accurately maintained.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 01/11/2023