



Inspection Report on

21 Towyn Way

Pontypridd

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/11/2023

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About 21 Towyn Way

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Values in Care Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	17/11/23
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 lead fulfilling lives and have access to an exceptional range of daily activities and social opportunities. Personal outcomes are at the forefront of care provided and care staff understand and support people's individual routines. Comprehensive plans contain accurate up to date information and reviews are carried out routinely to ensure these documents remain accurate. Individual risks are considered, and strategies are in place to support best outcomes for people. Medication is administered and recorded safely. People and relatives are part of decision making and the service is responsive and easy to approach.

Care staff are recruited safely and receive adequate training and supervision. The environment is well maintained and suitable for the people supported in the service. The responsible individual (RI) maintains regulatory visits and quality assurance reports to ensure care is provided to a consistently good standard. A range of policies are in place to support good practice. Care staff tell us they are happy working for the service.

Well-being

People are supported to make choices about their day. The service considers what peoples “*best day*” would look like and develops plans which includes individual routines, preferences, and specific interests. Menus cater to individual likes and tastes and mealtimes are flexible. People can make choices about the structure of their day. An excellent range of activities are tailored to each person and individuality is recognised. Staff consistently evaluate whether people enjoy the experiences offered to them and make changes to support best outcomes. People and relatives, know how to make a complaint and feel listened to.

People’s overall well-being is paramount to the service. Personal plans hold detailed information about people’s health and emotional wellbeing. Strengths and goals are clearly outlined, and people receive support to develop and maintain skills. Regular reviews ensure plans remain up to date and current. Risk assessments and ongoing training help staff to understand any health needs or behaviours which may challenge. Medication is stored, recorded, and administered safely. The service places an importance on providing meaningful social opportunities and staff support people to maintain positive contact with individuals who are important to them.

Measures are in place to promote safe practices. Recruitment practices ensure that staff hold the correct skills and values to support people. Care staff are aware of their duty to report any safeguarding matters and feel confident in doing so. There are sufficient staff numbers to ensure people have the right care at the right time. Staff benefit from ongoing training to ensure they remain sufficiently skilled. The RI has oversight of the service and there are a range of policies in place to support good care practices.

The environment is well maintained. People are safe from unauthorised access to the service. Communal rooms are decorated to a good standard and appear homely and comfortable. Maintenance checks are kept up to date to ensure all areas of the building are safe.

Care and Support

Positive care is provided in a person centred manner. Staff we spoke with appear familiar with people's individual needs and know how each person likes to be supported. Newly appointed staff tell us they have sufficient time to view plans, so they understand people's care needs and individual routines. Access to regular care staff helps to build positive relationships, supports staff to recognise changes in people's health and wellbeing and understand how people communicate. Although on the day of inspection people spent most of their day out undertaking activities, the limited interaction we observed appeared friendly and relaxed. One relative we spoke with commented "*Staff are lovely*", "*All the staff are fantastic*" and "*They are like family*".

Plans are person centred and support people's physical wellbeing. Daily records detail people's day-to-day experiences, achievements and the care provided. Risk assessments help care staff to maintain people's safety and minimise the risk of harm to self or others. Reviews consider any changes in people's physical and emotional needs. Relatives told us they are kept up to date and involved in the review process, comments include "*I have regular updates and reports*". The service consults with health and social care professionals and people are supported to attend health appointments to remain safe and well. Staff in the service promote healthy lifestyles around food and activity choices.

The service supports people towards leading positive fulfilled lives. People living at the service have access to an innovative in-house specialist resource centre called The Hub. This centre offers opportunities to engage in woodwork, pottery, sensory sessions, cooking, music and arts and crafts. A horticultural project also offers people the opportunity to grow vegetables and take care of farm animals. One relative told us "*They are out every single day doing something they like*". Accessing local college opportunities and life skills sessions also helps people towards maximising their skills. The service supports people to take holidays accompanied by staff and friends they have made within the service.

Medication systems are well managed. We found medication administration records (MAR's) to be completed appropriately. Secure arrangements are in place for the storage of medication. PRN (as required) medication records show their reason for use and any outcomes. The correct authorisations are in place for those people unable to consent or understand their medication needs. Ongoing audits ensure practices remain safe.

Environment

The service completes safety checks on a regular basis. On arrival, we found external doors secure to prevent unauthorised access. Fire safety checks are undertaken, and people benefit from detailed personal evacuation plans in the event of an emergency. Substances hazardous to health are stored safely and we saw no obvious trip hazards during the inspection. We found the medication room and staff office securely locked to ensure confidential files and medication is stored safely. There are arrangements in place for maintenance and servicing of equipment and facilities.

The environment is clean and well maintained. The property is decorated in a manner that suits the people they support. We saw people have access to furniture, equipment and materials that are appropriate for their needs. Bedrooms are decorated to ensure people feel comfortable and relaxed in their environment.

Leadership and Management

The service benefits from positive leadership and management. The staffing structure for the service is clear and all staff we spoke with understand their roles and responsibilities. Evidence shows the RI visits on a regular basis and maintains sufficient oversight over the service. Quality assurance reports are completed every six months to consider the quality of the provided and if any areas of improvement are required. The service is currently investing and piloting a new electronic system to make essential documentation more effective to access and update. Regular audits ensure practices remain at a good standard. Policies and procedures are in place to support good practice and staff we spoke with have a good working understanding of these.

Safe recruitment and training systems are in place. Recruitment files viewed were well organised and included all of the required information and checks. All staff have completed their registration with the workforce regulator Social Care Wales. Care staff tell us the service supports their overall training needs, training sessions are of a good quality and newly appointed staff receive positive induction training before providing direct care.

Staff receive regular supervision and feel supported by the management team. Staff tell us they feel happy working at the service, comments include *"I love working at Towyn Way"*. Staffing rota's show sufficient care staff available to provide the right level of care and support. During our visit, we found adequate staff in place to assist people with their needs. We saw evidence of regular team meetings to ensure staff remain up to date on any changes or to raise any concerns. Care staff told us they are confident in approaching the manager and that the management team have a visible presence in the service. The supervision matrix and staff feedback confirm regular one to one, formal, supervision is offered. This provides an opportunity to support professional development and discuss any changes to the service.

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
34	The service provider does not always ensure a sufficient number of staff to meet peoples outcomes and complete daily tasks.	Achieved
72	Temporary management arrangements are not sufficiently robust to ensure the service is managed effectively.	Achieved
16	The service does not complete reviews with the frequency required.	Achieved
36	The service does not provide regular supervision or training opportunities.	Achieved

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