



Inspection Report on

Ty Seren

**Ty Seren
Cefn Styllle Road
Gowerton
Swansea
SA4 3QS**

Date Inspection Completed

24/07/2024

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About Ty Seren

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Gower Lodge (Swansea) Limited |
| Registered places | 8 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 19 January 2023 |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

Young people are supported to express themselves and are given choices in all aspects of their day to day lives. Assessments are carried out to ensure their needs can be met prior to offering a placement and is kept under regular review. They are supported to develop independent living skills and opportunities to engage in a range of activities which support their overall well-being. Some young people have the opportunity to attend an internal academy which supports their learning and development needs. Young people are supported with their health needs and specialist services such as speech and language therapists and epilepsy services.

Care staff are kind, respectful and have a good understanding of the young people they are supporting. The Responsible individual (RI) visits the service regularly and provides support to the manager. Sufficient quality assurance systems are in place which aim to improve the quality of care delivered.

The service is divided into separate flats and consideration is given to the environment and needs of young people. However, an area of improvement has not been met since the last inspection and the environment has not been sufficiently maintained to support young people's well-being.

Well-being

Young people's voices are heard, and they are given choices in all aspects of their day to day lives. Communication methods adopted are suited to individual needs and are utilised by young people to express themselves. They engage in monthly meetings and are able to contribute their views, wishes and any concerns. Weekly planners are developed with assistance from care staff and reflect activities young people enjoy. Opportunities to develop independent living skills such as personal care, cooking and cleaning promote positive outcomes. Some attend the providers academy and are supported with their educational and development needs.

Young people are encouraged to lead healthy lifestyles and engage in activities such as walking, swimming and cycling. Menus provide a choice of healthy meals and take into consideration young people's likes and dislikes. They are supported with their physical health needs and are registered with local health services and attend regular appointments with GP's, opticians, dentists and specialist health services.

Effective medication systems are in place to record and monitor. Suitable storage arrangements are in place and care staff are suitably trained in handling and administering medication.

Young people are enabled to maintain positive relationships. They spend time with people most important to them and have opportunities to visit family members and go home for overnight stays.

Young people have access to a complaints and concerns procedure suitable to their needs and understanding and can be assured suitable safeguarding systems are in place to keep them safe.

Young people have access to their own living areas and are decorated and furnished to meet their needs. Various living areas provide enough space for young people to move freely and engage in activities and games they enjoy.

Care and Support

Provider assessments are undertaken prior to offering a placement and provide guidance on how young people's well-being outcomes will be met. Compatibility assessments identify measures to manage risk and a rationale for young people to live harmoniously. An area for improvement in relation to provider assessments has now been met.

Personal plans provide guidance on how young people would like their goals and aspirations met. An easy read version is available and has been developed to meet their needs and understanding. The plans are reviewed in-line with regulatory guidance and are co-produced alongside young people, parents and social workers. We saw photographs of young people engaging in activities they enjoy and supported to achieve the things most important to them. An area for improvement in relation to the review of personal plans has now been met.

Information is readily available to support young people with their behavioural needs and provide guidance on how they can maintain a positive sense of well-being. Risk assessments are kept under regular review and encourage young people to take positive risks when undertaking activities, mitigating measures are in place to keep them safe.

Young people are supported with their health needs and information is available for care staff to support with their physical and emotional well-being. The service recognises young people's cultural backgrounds and measures are in place to ensure their wishes and beliefs are met.

Daily logs are detailed and reflective of activities outlined within the weekly planner. Care staff are caring, considerate and have good sound knowledge of the young people they are supporting. We saw positive interactions from care staff which are person centred and attuned to young people's needs.

Environment

The home is split into separate living areas which are suited to meet the individual needs of young people. The property is secure, and a fob system is used by care staff to access different areas of the property safely. The home has a visitor's book and our identification was checked on arrival.

Two living areas at the front of the property are spacious, well-decorated and have comfortable sofa's where young people can sit. We were told young people like a large open area to move around and take part in exercise videos. A dining area with a table and chairs provides enough room for young people to sit and have meals or engage in activities.

The kitchen is clean, and cupboards and fridges are well stocked. Appropriate equipment is available to make meals and temperatures are recorded daily. Two fridges are used to ensure food for people with specific dietary requirements is stored separately.

Bathrooms are mostly clean and are suited to the needs of young people. Hand soaps are readily available for young people where there are hand washing stations to maintain a good sense of hygiene. The area for improvement in relation to hygiene supplies has now been met.

Outside is spacious there are seating areas under the trees and a basket swing for young people to enjoy. A metal electronic gate at the front of the property provides security when accessing the home.

There is a system for monitoring and auditing maintenance issues however, areas of the property are not being maintained to a suitable standard or kept in a good state of repair. The privacy of some young people who are unable to tolerate window dressings is not assured, we saw a broken radiator cover in a bedroom and items are placed in various areas which present as a hazard. The area for improvement in relation to overarching requirement for premises has not been met and we expect the provider to take action.

A fire risk assessment is in place. Young people have Personal Emergency Evacuation Plans (PEEP's) which provides guidance to care staff on how to support them during an emergency.

Leadership and Management

The statement of purpose (SOP) provides information on how the service will be delivered and reflects the provision of the service. Guides are available for young people using the service and are formatted to their needs and understanding. A complaints procedure is available, and an easy read version provides guidance for young people on how to raise a concern.

The responsible individual (RI) visits the home regularly and oversees the governance at the service. People's views and wishes are considered, and analysis of incidents, accident and daily logs are being carried out. Observations of environmental issues are provided within reports and actions identified.

Quality of care reports are completed and consultation with young people, social workers and parents are evidenced. Analysis of a range of different information relating to the home is provided and a rationale on how to drive improvement within the service. Photographs of young people engaging in activities are within the report and outcomes reflected over the last six months. The area for improvement in relation to the quality-of-care review has now been met.

Supervisions are carried out regularly and provide good detail of discussions in relation to young people and care staff's welfare. Care staff told us they feel supported by the manager and enjoy supporting young people.

An effective rota system demonstrates young people are suitably supported with their care and support needs and are able to do the things which are important to them. Shortfalls are covered by care staff, team leaders, management and agency staff. Newly appointed care staff are waiting to start their induction process and we were told the service will be fully staffed upon successful completion. The area for improvement in relation to staffing has now been met.

Care staff receive relevant training to support their roles and records reviewed demonstrated a good level of compliance.

Suitable staffing checks are being carried out for permanent care staff and demonstrated DBS (Disclosure and Barring Service) checks and references being undertaken. Care staff are supported to register with Social Care Wales from the records reviewed. Agency care staff are required to carry out an induction prior to working at the service and checks are gathered by the service. Some checks needed further exploration due to the lack of training records available and ensure references are verified by the agency.

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 |
| 44 | The home is not fitted and maintained to fully meet people's needs. | Not Achieved |
| 16 | Personal plans are not reviewed within regulatory timescales and are not updated to reflect changes in needs. | Achieved |
| 18 | Provider assessments not always completed or updated regularly. | Achieved |
| 56 | Hand soap not available for all people. | Achieved |
| 34 | The service provider has not ensured there are at all times a sufficient number of care staff to meet people's needs and keep them safe. | Achieved |
| 80 | The quality of care reports do not evidence consultation with people living at the home . | Achieved |

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Date Published 05/08/2024