



Inspection Report on

Ty Cwm Ogwr Residential Home for Older People

**Ty Cwm Ogwr
Dan-yr-heol
Bridgend
CF32 7HY**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

17/07/2024

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About Ty Cwm Ogwr Residential Home for Older People

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	28
Language of the service	Both
Previous Care Inspectorate Wales inspection	24.7.2023
Does this service promote Welsh language and culture?	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 and their relatives are very happy with the standard of care and support provided at Ty Cwm Ogwr. Care workers are friendly and interact with people in a calm and unhurried way. Personal plans and risk assessments contain detailed and relevant information and are reviewed appropriately. There is a programme of activities in the service which people appear to enjoy. People are very satisfied with the meals served at the home. Care workers are happy working at the service and feel supported and valued. They are recruited safely and receive training to enhance their skills and knowledge to support people appropriately. They also feel they receive the required level of formal support. The Responsible Individual (RI) visits the service in line with regulatory requirements and regular quality assurance monitoring takes place. There are policies and procedures in place and people have access to a complaints process. People like the homely, traditional presentation and feel comfortable in their surroundings. There is an on-going programme of maintenance and repair aimed to ensure the environment remains well-maintained and safe.

Well-being

People are supported to maintain their health and well-being. Care workers have positive relationships with people living at the service and have a good understanding of people's care and support needs. Care workers can recognise changes in people's presentation and take appropriate action. The service liaises with health professionals to report any concerns and follow any guidance given. Personal plans detail any interventions needed. Medication is administered in line with the prescriber's recommendations.

People have a voice and are treated with dignity and respect by care workers who know them well. Staff offer a choice of meals, and the service has a food hygiene rating of four, which is 'good'. Resident meetings take place, whereby people have a say in the running of the home. Equipment such as a new call bell system is available, this enables people to get the care they need at the right time. Those we spoke with told us care workers respond quickly when they use the call bell. A relative told us "*She is happy, everything is marvellous*".

There are measures in place helping to protect people from harm and abuse. Care workers receive safeguarding training and are familiar with the process for raising concerns. Policies and procedures support safe practice. Incidents and accidents are logged and reported to the relevant agencies when needed. Personal plans are kept up to date and detail safe ways of supporting people.

The environment is suited to people's needs and helps support their well-being. The home is well presented, clean and comfortable. Communal areas are welcoming and homely. We saw people in communal areas, they looked relaxed and comfortable. People told us they like living at the service. People's rooms are personalised with their own possessions. Bathroom and toilet facilities are equipped with specialist equipment. There is a dedicated maintenance person who is responsible for the day-to-day upkeep of the home. They perform regular environmental checks to ensure the home, its facilities and equipment are safe to use.

Care and Support

People benefit from a good standard of care and support. A person-centred approach to care planning ensures people are central to the care and support they receive. Personal plans and risk assessments are clear and provide staff with information to support and care for people in line with their identified needs. Overall, daily notes show people receive the care they need when required. Personal plans are reviewed and updated to reflect current needs of people using the service. However, work to ensure that people or their advocates are involved in the review of the plans is ongoing. People told us that call bells are responded to quickly. We were told "*They come quickly*". Food choices are varied and people with special dietary requirements are catered for. People commented positively regarding food choices, saying "*It's lovely*", "*It's nice*" and "*can't fault it*".

People experience warmth and kindness. We saw care staff treat people as individuals. They are attentive and respond to people's different needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff. Staff speak in a friendly, caring and respectful way and people respond positively. People living in the home told us "*They take good care of us*", "*They are excellent, pleasant to have around*" and "*No complaints at all*". We witnessed positive interactions during the inspection and saw care staff supporting people in a dignified manner. Relatives told us "*My mother loves it, it's just a lovely place*", "*Absolutely 100% happy with the care*" and "*The staff are all brilliant*".

There are mechanisms in place to protect people from harm. Policies and procedures underpin safe practice and care workers are trained to meet the needs of the people they support. Medication is stored securely and administered as prescribed. We examined a number of medication charts (MAR) and found as required medication (PRN) outcomes were not always recorded. We brought this to the attention of the management who assured us this would be addressed immediately.

The service takes all reasonable steps to identify and prevent the possibility of abuse. Staff recognise their personal responsibilities in keeping people safe and told us they would report any issues of concern. They are aware of the whistleblowing procedure, and said they felt confident approaching management if they needed to. Care workers told us they had undertaken training in safeguarding and there is a current safeguarding policy for all staff to access and follow. We asked if people felt safe in the home we were told "*Oh yes*", "*I should say so!*" and "*Yes I do*".

Environment

The environment is comfortable, clean, and decorated to a reasonable standard. There are communal areas where people can interact with each other and take part in activities. We observed people in communal areas, they appeared comfortable and relaxed which suggests they are happy with the environment. There are sufficient toilet and bathroom facilities throughout the service and there is specialist equipment such as hoists available for those who need it. People's rooms are sufficient in size and are personalised with their belongings. There are domestic and laundry staff at the service daily to ensure good standards of hygiene and cleanliness are maintained.

A rolling programme of maintenance and checks ensures the environment, its facilities and equipment are safe to use. We saw up to date safety certification for utilities and fire safety features. All people living at the home have a personal emergency evacuation plan (PEEP) in place. This document provides care staff with practical information regarding the best ways of supporting people to evacuate the building in the event of an emergency. Health and safety audits are completed so that any potential hazards can be identified and reported for repair or replacement.

Confidentiality is maintained throughout the home. People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. Care records are stored safely, and personnel records are kept in the manager's office and are only available to authorised staff.

Leadership and Management

The vision and ethos of the service are clear. A Statement of Purpose sets out the service's aims, values, and support available. We found this to be consistent with the service provided. A written guide is available for people in the service, containing practical information about the home and the support provided. The service also offers various formal and informal opportunities for people to ask questions and give feedback. Both documents are available in Welsh. Staff we spoke with are positive about working at the service and report overall the team works well together as a whole. They say the manager is approachable, and responsive to issues raised. The manager and deputy continue to provide hands on support to promote the stabilisation of the team. Communication appears to have improved, and staff appreciate the managers open door policy and visible presence.

People are supported by a care team who are trained and supported in their roles. Records relating to supervision show staff are receiving the regulatory required levels of formal support. This supports their professional development and gives them the opportunity to discuss any concerns they may have. Staff told us *"I love working here"*, *"It's a lovely home, the residents seem happy"*, *"enjoyable and rewarding"* and *"the manager is excellent"*. All staff have on-going training, to meet specific needs of people they support. Staff say they are happy with the training available.

The human resource team have confirmed that all new staff undertake a thorough vetting process that meets regulatory requirements. Checks including Disclosure and Barring Service (DBS), previous employment and reference checks are completed. New employees complete an induction on commencement of employment and get to shadow experienced members of the team. Following this care workers register with Social Care Wales (the workforce regulator). This is done to ensure care workers possess the skills and qualifications required for working in the care sector.

There are systems and processes in place to monitor, review and improve the quality of care and support provided. Information about the quality of care is gathered and reviewed for improvement purposes. We found families give positive feedback about the care provided. There is regular communication between the manager and responsible individual. We noted that there have been no complaints since the last inspection. The manager and RI appropriately notify relevant regulatory bodies and statutory agencies, when there are events which might affect the well-being of individual's receiving care. We found the communication is effective, open and transparent.

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
15	Personal Plans need to be updated to accurately reflect people's care and support needs and mitigate risk	Achieved

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