



## 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**

17/11/2022

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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	17/09/2021
Does this service provide the Welsh Language active offer?	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 have opportunities to positively occupy their day doing activities they enjoy. A person-centred approach to care planning ensures the service identifies people's personal outcomes. Overall, personal plans outline individual care needs, however, reviews are not carried out with the required frequency. Risk assessments and strategies to manage risk are in place. The environment is welcoming and of a good standard. Medication is recorded and managed effectively. People receive support to maintain contact with family and friends and relatives are happy with the care provided by the service.

Management arrangements needs strengthening and staffing requires improvement as this remains unsettled. Policies and procedures maintain the safety and well-being of people who live at the service. Staff are recruited safely, however, supervision and training both require strengthening. The responsible individual (RI) maintains regulatory visits and quality assurance reports and care staff tell us they are happy working for the service.

## Well-being

People are supported to make choices and individuality is recognised. A range of activities are in place for people living at the service. Personal plans consider strengths and focus on developing and maintaining people's skills. The service considers people's hobbies and interests. Menus cater to individual likes and tastes. Bedrooms are personalised and contain items which reflect people's interests and important family relationships. Reviews do not evidence consultation with people and their relatives, however family members we spoke with confirm they are actively involved in this process.

The service supports people's emotional and physical well-being. People attend routine health appointments and referrals are made in a timely manner. Personal plans contain information on people's health needs and the level of care they require. Risk assessments ensure staff understand how to minimise potential risks and provide appropriate care. Strategies in place ensure staff understand how to manage behaviours that may challenge. Medication is stored, recorded, and administered safely. Individual staffing levels for each person are understood and followed. People receive support to maintain contact with family members and those who are important to them. Care staff demonstrate a commitment to their work and are very supportive of those living at the service. The environment is decorated to a good standard and appears homely and comfortable.

People are supported to remain safe, however some aspects of management and staffing require improvement. The service is safe from unauthorised access. The building is well maintained, and repairs are completed in a timely manner. A range of up-to-date policies support the running of the service. Care staff report reduced staffing is difficult at times and they would benefit from additional staff. The registered manager for the service has been absent for several months and temporary management arrangements currently in place require strengthening.

## Care and Support

People appear happy and settled and have opportunities to engage in activities. We observed people receiving the correct level of support to allow them to freely access the environment as they choose. People were unable to give verbal feedback on the day of inspection but appeared comfortable and settled within the service. Relatives told us of flexible visiting arrangements and friendly staff. They report the care provided is of a very good standard and they receive regular updates regarding changes. Comments include:

*“The staff are very good.”*

*“They (staff) are excellent, they feel like extended family.”*

*“They do loads of activities and are always out.”*

A range of individual activities take place. People are also able to access an in-house day resource which provides an opportunity to develop wider friendships and engage in group activities. We saw evidence of one-to-one sessions taking place with care staff and relatives told us people have opportunities to undertake supported holidays.

Overall, detailed personal plans are in place. The plans we sampled document daily routines to ensure people receive consistent support in a way they like. People's strengths, interests and preferences are documented. Communication plans ensure staff understand the most effective way to engage with and support people. Behavioural plans detail ways to manage behaviours that may challenge. Care staff sign plans to evidence they have read and understood these documents. We noted recent changes to one person's dietary needs had not been documented in their personal plan. However, after speaking with staff, we felt confident this information had been shared with the staffing team. Records show reviews are not completed with the frequency required. While no immediate action is required, this is an area that requires improvement, and we expect the provider to take action.

Medication is well managed. The medication administration records (MARs) we viewed were completed appropriately, indicating people receive their medication as prescribed. Secure arrangements are in place for the storage of medication. PRN (as required) medication records detail their reason for use and effectiveness. Daily room temperature checks ensure medication remains effective. The correct authorisations are in place for those people who are unable to consent to the administration of their medication.

## Environment

The environment is clean and well maintained. The property is decorated to a good standard and suits the people they support. There is an ongoing programme of maintenance, redecoration, and repairs in place.

Good security arrangements ensure only approved visitors enter the building. Overall, the service undertakes appropriate security, utilities, and fire safety checks to make sure people remain as safe as possible. We noted fire drills require improvement to ensure these are completed with the required frequency. Personal evacuation plans are in place, so care workers understand the level of support people need in the event of an emergency. During the inspection we found secure and confidential information stored appropriately.

## Leadership and Management

Care staff feel supported in their roles but staffing levels require further consideration. A large majority of care staff report they work well with colleagues as a team and feel they provide a good standard of care to the people they support. Comments include:

*"We put the residents first."*

*"Staff help people to live their best life possible."*

*"They are the best team of staff".*

There is *"plenty of support and it's the best company I have worked for."*

Care staff told us staffing levels have been *"difficult"*. On days when there are less staff, they report difficulties managing care needs while also providing social activities, preparing meals, and undertaking household tasks. Comments include:

*"Staff are currently picking up extra shifts, but we can't keep doing that. We need one extra person."*

*"If we (core staff) are not there, I don't know what would happen."*

*"We are short staffed sometimes but manage to pull through."*

*"We do what we can when the numbers are low."*

Staffing is *"not brilliant"*, *"this means people can't always do activities"*.

Staffing rotas we viewed evidenced staff levels fluctuated, with existing staff often working additional hours to cover shifts. While no immediate action is required, this is an area that requires improvement, and we expect the provider to take action.

The provision of supervision and training requires improvement. Staff told us they benefit from induction training and shadowing opportunities. The supervision records we viewed evidenced some staff had long gaps between supervision sessions and the training matrix contained gaps in areas of core training. While no immediate action is required, these are areas that require improvement, and we expect the provider to take action.

There are systems in place to support the running of the home, however, management arrangements require improvement. Recruitment checks are completed to ensure staff are suitable to work with vulnerable adults and the service has an ongoing recruitment drive to attract new staff members. We viewed a selection of policies and procedures and found them to be comprehensive, routinely reviewed and fit for purpose. Three monthly RI visits are undertaken in line with regulatory requirements and the completion of six-monthly quality assurance reports are undertaken with sufficient frequency. Discussions with the temporary manager/senior staff evidence insufficient time is allocated to complete managerial tasks, support new staff to settle within the service, or update care-related documentation. While no immediate action is required, this is an area that requires improvement, and we expect the provider to take action.



### 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

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

**Date Published** 12/01/2023