



Inspection Report on

Tyn Y Wern

**Ynysybwl
Pontypridd
CF37 3LY**

Date Inspection Completed

20/04/2023

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About Tyn Y Wern

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	27 September 2021
Does this service provide the Welsh Language active offer?	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

People receive person-centred care and support at Tyn y Wern. People appear settled in their environment, with relatives telling us they are happy with the support people receive. Staff are compassionate and respectful and enjoy working at the home. The service has systems to ensure care and support is of a good standard. People benefit from individualised and detailed personal plans and associated risk assessments. People and their relatives are always consulted and involved in their care. Reviews of plans do not take place as regularly as required. Up to date policies and procedures help protect people from harm and abuse. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean and well-located. Infection control measures appear of a good standard. Improvements are needed to personal emergency evacuation plans, staff recruitment checks, staff training and supervision. Care staff feel supported in their work.

Well-being

People are supported to have control over their day-to-day lives and do the things which matter to them at Tyn y Wern. People lead lives of their choosing, with their wishes and views sought as far as is possible. Personal plans consider people's interests and preferences. Care staff know people well and respect and promote choice. People have varied activity planners and regularly access community opportunities with care staff. People can raise issues or make requests, and these are generally responded to. Where necessary, people's families and representatives can do this, for example being involved in reviews of personal plans. The home has good relationships and lines of communication with relatives, who tell us staff keep them informed and updated and involved in people's care and support. Relatives can visit the home when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The service works with external health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans reflecting direction given. Meal options offer variety. The home has a sufficient supply of personal protective equipment (PPE), with infection control measures in place and in line with its policy. We saw the management of medication is safe and in line with the medication policy.

People live in an environment that supports them to achieve their well-being. Tyn y Wern is a converted house that supports people who have a learning disability and associated needs. Bedrooms are comfortable and personalised. The home is in a quiet rural location, with transport available to access local amenities. We saw people were relaxed and comfortable. The home was clean and well-maintained.

There are systems in place to help protect people from abuse and harm. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should they be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. Incidents and accidents are logged, and appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. Only authorised people can access the service. The service is generally proactive in identifying potential risks to people or staff and how to manage these.

We were told the home did not provide a service to people in Welsh at the time of the inspection and would have to plan how to facilitate a service in Welsh if this was needed.

Care and Support

We saw positive care and interactions between care staff and people. Care and support is provided in a person-centred and dignified manner, with people appearing well cared for and at ease in their environment. People's families told us they "*know how much they enjoy it there*", they are "*so good with activities and keeping them busy*", and "*they work well for them and 'get' them*". They described staff as "*respectful*" and "*amazing*", and felt their loved ones were safe.

Care staff have very detailed knowledge of people's needs and personal goals. We saw assessments are completed prior to people moving in. Personal plans are individualised and detailed, with up-to-date risk assessments in place. Robust and thorough behaviour support plans and communication profiles are in place, which aid person-centred support. We saw plans are produced in partnership with people's families and other professionals. Very detailed daily recordings and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs. While personal plans are reviewed in detail with people and their representatives, these do not take place as regularly as required. We advised this is an area for improvement and expect the provider to take timely action to address this. We viewed evidence of appropriate and timely referrals to health professionals, with recommendations and direction acted upon by the home. Deprivation of Liberty Safeguard (DoLS) authorisations are in place where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

People benefit from a balanced diet. On the day of inspection, we saw people had their own choice of meals, with healthy options available. Food appeared appetising and well-presented. Dietary preferences are understood and help inform people's food options.

There are infection control measures in place to help keep people safe from the transmission of COVID-19 and other potential sources of infection. Staff have access to a supply of personal protective equipment (PPE). Appropriate disposal facilities are in place. An infection control policy is in place. Care staff use a cleaning task system to direct them to clean throughout the home daily.

There are systems in place for the management and storage of medication. Medication is stored securely and can only be accessed by authorised care staff. Records show care staff administer medication in line with the prescriber's directions, being free from gaps or errors. Care staff receive training in how to manage and administer medication. The service has an up-to-date medication policy in place. Medication is regularly audited.

Environment

People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs. Tyn y Wern is a two-story converted house that can accommodate four people, with an additional annex, Woodland Lodge, providing accommodation to one person. The home is in a picturesque setting in the village of Ynysybwl. The home is clean, tidy, and free from malodours. It is secure from unauthorised access. Bedrooms viewed are spacious and comfortable. Rooms are individualised to people's tastes and contain photos, decorations, keepsakes, and electrical devices, unless a person's risk assessment means doing this is not safe. The manager told us the upstairs is due to be refurbished and plans are being developed around how to manage this without impacting negatively on people. There are sufficient toilet and bathing facilities. The home has two lounge areas where people can choose to spend their time. A dining room is located next to the kitchen, where people can choose to have their meals and can also take part in activities. Communal areas are tidy, homely, and uncluttered. The kitchen facilities are appropriate for the home, have been refurbished to a high standard, and enable people to take part in meal preparation with support. A large garden, including a patio area and trampoline, is available for people to use.

The home environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There were window restrictors in all bedrooms and bathrooms viewed. We saw fire exits were clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning and laundry duties are being maintained. There are maintenance and repair arrangements in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal emergency evacuation plans are in place and easily accessible in the event of an emergency but are not reviewed as regularly as required. We advised this is an area for improvement and we expect the provider to take timely action to address this.

Leadership and Management

The service's recruitment and training arrangements require improvement. Not all staff files show correct pre-employment checks are completed. Not all staff are registered with Social Care Wales. We advised this is an area for improvement, and we expect the provider to take timely action to address this. Training records show not all care staff have up to date training in areas of care identified as being mandatory by the service. We advised this is an area for improvement, and we expect the provider to take timely action to address this. Care staff told us they complete an induction programme when starting at the service and feel they could ask for additional training that would benefit their practice.

Care staff feel supported in their role. They told us they "*really enjoy it*", it is "*brilliant*" and they "*love working here*", describing the management team as "*approachable*" and the staff team more generally as "*supportive*" and "*everyone does what they're supposed to do*". Turnover of care workers is low, helping facilitate continuity of care. Care staff do not always have supervision as regularly as required, and we were not provided with evidence of yearly appraisals taking place. We advised this is an area for improvement, and we expect the provider to take timely action to address this. The manager told us staffing levels are worked out based on people's level of need. The rota showed target staffing levels were being met and was reflective of staffing on the day. Care staff told us they felt there was enough staff working at the service.

Governance, auditing, and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI has good oversight of the service. The legally required three-monthly RI service visits and six-monthly quality of care reviews are undertaken. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm.

The service provides good information to the public. The Statement of Purpose sets out the service's aims, values, delivery of support, and is updated regularly. A detailed written guide contains practical information about the home and the care provided. A complaints policy and procedure are in place, which is readily available should this be needed.

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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16	Personal plans are not reviewed at least every three months.	New
21	Personal Emergency Evacuation Plans (PEEPs) have not been reviewed for over two years.	New
35	A written reference from the last employer is not always in place. Not all staff are registered with Social Care Wales.	New
36	Staff do not always receive supervision within an appropriate timeframe. Mandatory training has not been provided to all staff.	New

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