



Inspection Report on

Ty Dyfan

**Ty Dyfan
St. Brides Way
Barry
CF63 1DU**

Date Inspection Completed

24 January 2022

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About Ty Dyfan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Vale of Glamorgan Council Adults and Children's Services
Registered places	27
Language of the service	English
Previous Care Inspectorate Wales inspection	22 October 2020
Does this service provide the Welsh Language active offer?	The service is working towards providing 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

Ty Dyfan care home is able to accommodate up to 27 residents. This inspection was unannounced. Marijke Jenkins is the responsible individual (RI) for the service. The home has a suitable qualified manager who is registered with Social Care Wales, the workforce regulator in accordance with legal requirement.

People receive appropriate care and support from a friendly staff team. There are sufficient staff on duty to provide prompt assistance and staff deliver care that meets people's needs. They live in accommodation which is suitable for their needs and management demonstrate appropriate oversight of the service, aided by audits and policies. Appropriate care documentation is in place and there are measures to safeguard residents. There are some measures for promoting good practices within the home; but infection prevention and control arrangements need improving.

There is oversight of staff supervision and training and the staff recruitment process is robust. There is appropriate governance of the home together with a commitment to continuous improvement and development.

Well-being

People are safe and receive appropriate care and support. Their wishes and choices are considered and care staff demonstrate a friendly approach. Care documentation has improved and supports the delivery of care and support, although some aspects are due for review. People are encouraged to have visitors to the home and supported to stay in touch with important contacts by telephone and a visiting room has been adapted to allow the safety of visitor and residents during the COVID-19 pandemic.

Measures are in place to promote good practice throughout the home; but infection prevention and control measures need improving to ensure they are sufficiently robust and in line with current Public Health Wales guidance. The manager assured us they are addressing this. The home carries out audits to help monitor standards and practice. Management show good oversight of incidents, accidents, complaints and safeguarding matters. A statement of purpose is present along with a written guide.

There are sufficient care staff on duty to provide prompt assistance and care staff deliver care that meets people's needs. People receive some social and recreational support in accordance with their interests, however this is restricted at this time due to the Covid-19 pandemic. The management team are visible and engaged in the day-to-day running of the service.

The environment is suitable for the needs of the residents following completion of refurbishment throughout the home. People can move freely in accordance to their abilities and assessed risks. Bedrooms are personalised and communal areas are spacious with various areas available to spend time. Management ensures it is a safe place for people to live, work and visit. Management oversee the training and supervision needs of the staff. There is a safe recruitment process in place. The RI demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose. The home has shown a commitment to improving and developing.

Care and Support

People receive support that addresses their specific needs. We saw care staff interact with residents in a friendly and respectful manner. People's choices are promoted, for example regarding meal and snack options. Care staff show good knowledge of people's wishes, needs and how to respond to them. People's preferences and routines are documented. They are able to have visitors to the home and encouraged to keep in touch by telephone. Care documentation has improved and found to be neat and well organised.

Care staff are visible and we found there to be appropriate oversight of staffing arrangements. Although there are some activities available, there is no designated activity coordinator at the home but we saw staff had time to sit and chat with residents throughout the visit. We discussed this as an area for improvement. Management told us this has been affected by the Covid-19 pandemic and arrangements are in place for future scheduled activities. The home completes audits regarding areas such as medication and incidents which the RI oversees. A medication policy is present and we saw improvements had been made in the administration of medication and record keeping.

There are some measures to promote safe infection control, such as cleaning schedules, audits but improvement is needed to minimise cross-infection risks as far as possible. For example, we noted staff did not consistently follow the correct personal protective equipment (PPE) guidance and the storage of PPE needs to be addressed. We discussed these with the management at inspection visit and they assured us they would address them as a priority.

Measures are in place for safeguarding residents. Entry to the home is secure and a log of visitors is maintained. Visitors are required to provide a negative LFT prior to entry to the home and identification sought. A safeguarding policy is present and management demonstrate oversight of safeguarding matters. The home liaises appropriately with the appropriate professionals regarding any issues or incidents and notifies Care Inspectorate Wales (CIW), where appropriate. Care staff know the people they support well; therefore, they can recognise any deterioration in health and well-being, and act accordingly. People are comfortable with the care staff who provide their support. Staff told us they are provided with safeguarding training.

Environment

There are two floors at the home accessible via a passenger lift and stair lift. The home has received a food hygiene rating of 5 (indicative of 'very good' kitchen hygiene practices). The home offers suitable accommodation for the residents and management are committed to developing it for their benefit. Since the previous visit a full refurbishment of the home has taken place which includes new flooring, new handrails throughout the home, all bedroom furniture has been replaced and the manager's office has been moved to the entrance of the home. This gives an additional spacious communal area for people to enjoy and the home benefits from a choice of pleasant lounge areas. This also enables social distancing during this Covid-19 period.

An infection control and visitor's policy is present. Visitors are required to show evidence of a negative lateral flow test, have their temperature taken and follow safety precautions during visits.

People are cared for in a clean and homely environment. People's bedrooms are individualised and contain personal items of their choice. There are sufficient bathing and toilet facilities for people. We saw domestic staff undertaking cleaning duties throughout the home to be generally clean and well-maintained. We identified clutter stored in the sluice rooms which we discussed with the manager at the time of the visit to be removed immediately.

Management oversee the home's health and safety requirements. Appropriate certification is in place regarding facilities and equipment, such as gas, electrical appliances, nurse call alarms, manual handling equipment and the passenger lift. From our walk-around, we noted window openings that may potentially pose a risk to residents are secure. There are regular fire drills. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place. There is a fire risk assessment and care staff receive training in fire safety and first aid. The home completes environmental audits to ensure areas are clean and safe.

All confidential files including care files are stored securely in lockable areas.

Leadership and Management

People can be confident management monitors the quality of the service they receive. Systems and processes help promote the smooth running of the home. Management covers incidents, accidents and complaints. The home carries out internal audits to monitor standards and practice. Daily handovers ensure pertinent information is shared between staff at shift handover. We looked at some key policies and saw a Covid-19 contingency plan is in place. The statement of purpose describes the home and its facilities. A written guide gives people key information about the service.

People can be assured that staff are competent to undertake their roles. We looked at three staff recruitment files and saw they contained all the pre-employment checks required in respect of any person working in regulated services. Audits are carried out to ensure the required information and /or documentation is present and correct. We discussed one person's identification was missing from the recruitment file but management produced this information at the time of the visit. Aside from this, the provider demonstrates appropriate recruitment practices.

Management oversees staff training and supervision needs. Care staff are provided with training in areas including, manual handling, dementia care, first aid and food hygiene. There is regular supervision carried out and staff told us they can go to the management at any time with any issues or concerns they may wish to discuss. Care staff told us they feel supported and valued. Due to Covid-19 management told us some training was being undertaken online. All staff are up to date with mandatory training and the manager has a matrix report to evidence this.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide informs people how to raise their concerns formally. Residents can be confident that the home is operated with their best interests at the forefront of care provision. We found regular auditing ensured residents health or any deterioration had been recognised and acted upon.

There is evidence of suitable service oversight and governance. The RI regularly visits the home and engages with individuals and residents. They demonstrate quarterly oversight of resources and we saw a quality of care review which has been completed since the last inspection. We highlighted with the RI some additional matters which they should consider. Overall though, there is appropriate oversight of the service in place.

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	N/A

	inspection	
58	Regulation 58(2) regarding medication	Achieved

Date Published 23/02/2022