



Inspection Report on

Ty Dyfan

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

Date Inspection Completed

17/08/2022

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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	24 January 2022
Does this service provide the Welsh Language active offer?	Yes. 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

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

People receive support from a friendly staff team. There are usually sufficient staff on duty to provide prompt assistance and staff deliver care that meets people's needs. People live in accommodation which is suitable for their needs and management demonstrate appropriate oversight of the service, aided by audits and policies. However, some policies require review. Appropriate care documentation is in place and there are measures to safeguard residents. However, improvements are required to documentation regarding any changes in people's health needs, risks, and reviews. Consideration must be given to activities and support in accordance with people's interests and wishes.

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

Well-being

People mostly have a voice to make choices about their day-to-day care. We saw staff respond promptly to people's needs throughout the visit. Care staff value and respect the preferences of each individual and encourage independence wherever possible. Care documentation supports the delivery of care and support, although some risk aspects must be reviewed to ensure information is up to date and reflective of the needs of people living at the home. This serves to ensure care is person centred and continues to meet people's needs and expectations.

People are generally protected from harm and the entrance to the home is secure. Environmental arrangements for fire safety and general maintenance are in place. The home has carried out refurbishments including new flooring, painting and was clean and fresh throughout, evidencing an investment in an environment that reflects people's worth. Care staff are up to date with safeguarding of adults at risk training although the policy required updating. Mandatory training has been carried out or dates for future training planned.

People do not always benefit from meaningful 1-1 or social activities of their choice. There are no activities coordinators employed at the home. Instead, staff, each shift, carry out activities on a mostly ad hoc basis. We were told celebrations, such as the Jubilee celebrations, garden BBQ and games, had taken place. The manager told us additional activities and external visits such as singers and trips are being planned. Several people told us that the days felt long and that they were often bored. Two people told us it was causing them to feel low in mood. The manager agreed that a designated person responsible for co-ordinating activities and opportunities to occupy and engage residents would be a welcome feature at the service. This would also serve to reduce the risks of people becoming restless and walking unaccompanied to find their own purpose and interest, posing a risk of falls or other dangers

People have a good choice of meals to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed the tea trolley offered at planned times during the day. However, we did not observe additional drinks offered when needed or requested throughout the home and raised this issue with the manager. Kitchen staff told us of people's dietary requirements and had a good understanding of people's likes and dislikes. The home has been awarded a 5-star (very good) food standards agency rating. People's dining experience is overall a sociable time which people enjoy.

People do not always receive support that promotes their physical and mental health. Documentation does not always contain details of the care and support carried out. People's individual needs do not always reflect their personal plan, and care and support are not adapted to their situation. Risk assessments do not identify people's particular

vulnerabilities and strategies for protecting them. They are not always reviewed regularly and as required, for instance to reflect a change in support needs. There is documented evidence in care files of support from other professionals such as GP, dietician, and optician.

Care and Support

People living at the home engage in positive and meaningful interactions with care staff. Conversations are happy and friendly and care staff understand the preferences of the people they support. During our visit, we spoke with individuals who told us care workers and managers are kind and supportive.

People mostly receive appropriate person-centred care. However, risk assessments are not always carried out routinely or as required following an incident, to identify vulnerabilities for the individual to set out ways to keep people safe. Care staff do not always maintain accurate up to date care recordings, which reflect people's current needs and events. Documentation at the home is neat and well organised but needs to be more accurate and completed contemporaneously. There is insufficient information collated to inform staff how to support and care for people with complex needs or respite care effectively.

Care and support records show that referrals are appropriately made in a timely manner to the relevant health and care professionals when required. We saw evidence of consultations with the GP, dietician, or optician. Wherever possible the professionals involved record in the person's file any changes in treatment or in the care they wish staff to deliver; staff in turn are required to update the relevant care plans. We identified instances where the care plans had not been updated to reflect whether there had been any improvement or deterioration in the persons condition. We highlighted this to the manager who told us the matter would be addressed immediately. Throughout the Covid-19 pandemic we saw most GP consultations had taken place via telephone and were logged appropriately.

People benefit from care staff who know the people they support well, therefore they can mostly recognise any deterioration in health and well-being, and act accordingly. People can participate in some social activities within the home. There is no schedule of activities available or timetable of weekly planned activities within the home. We spoke to the manager who told us there is no employed activities coordinator at the home and staff carry out 1-1 and group activities whenever they have time. We were told recent events included celebrations for the Jubilee weekend, visiting animals at the home, garden BBQ in the warmer weather and aerobics class which people enjoyed. Several people living at the home told us they would like to see more activities taking place and that often the "day was long, with nothing to do". We informed the manager of people's feedback.

Environment

People have a sense of belonging. The home offers several communal areas for people to sit and enjoy chatting to others or spend quiet time, set over two floors. Bedrooms are personalised with items of personal choice and personal belongings. There is a pleasant sitting area at the entrance to the home which opens onto the gardens. This area gives the home a pleasant feel and where people can spend time in the warmer weather. There is good access and egress for people with mobility needs. The entrance to the home is secure and visitors must ring to gain entry, staff check evidence of negative LFT Covid-19 test or be prepared to self-test on arrival. The home has received a food hygiene rating of 5 (indicative of 'good' kitchen hygiene practices). The area allocated for use for people staying at the home on a respite basis could benefit from being closer to the main hub of the home's activity so that supervision of newer residents can be more easily facilitated, as far as reasonable.

Management oversees the home's environmental health and safety requirements. From our walk-around, we noted window openings are secure, we saw call-bells and sensor mats in place throughout. Fire safety checks are carried out and residents have personal emergency evacuation plans in place (PEEPs). The manager completes environmental audits to ensure areas are clean and tidy. We noted two bathrooms on the first floor were unsuitable for use and staff told us the bathrooms are never used. The service's Statement of Purpose describes two bathrooms on the first floor at the home. We discussed this with the manager as there is currently one shower available on the ground floor for 18 residents. The home is not providing a bathing experience for people to enjoy if they wish to do so.

Infection control practices at the home are in place. Appropriate sanitisation and personal protective equipment (PPE) are available at the entrance and throughout the home if required. People are cared for in a clean and homely environment. There are two floors at the home, accessible via a passenger lift or additional stair lift. The home offers suitable accommodation for the residents and the provider has shown continued commitment to developing and improving it for their benefit. We saw staff undertaking cleaning duties throughout the visit and found the home to be clean and generally well-maintained. When we spoke with people, they were complimentary about the home and told us they enjoyed spending time in the garden and dining areas chatting.

Care staff told us they have received recent training in fire safety, first aid and manual handling with all current training up to date. The maintenance person was present during the visit and carrying out repairs, audits to ensure areas are clean and safe are carried out and any shortfalls addressed immediately.

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

Leadership and Management

Systems and processes are in place to ensure the smooth running of the home. During the visit, the manager was present and told us the responsible individual visits the home on a weekly basis and is responsible for the strategic oversight of the home. Care staff undertake daily handovers to ensure pertinent information is shared between staff at shift handover.

Recruitment processes are robust, and checklists carried out. However, we advised the manager to ensure all information regarding any agency staff required be made available to the home prior to the agency staff commencing any shifts at the home.

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 by the service's manager. Due to the pandemic, management told us some training was being undertaken online but that face-to-face training has now been recommenced. All staff are up to date with mandatory training and the manager has a matrix report to evidence this. The service would benefit from having a head injury protocol which includes the action to be considered when there is an unavoidable delay in emergency services responding and which encourages the first aider on duty to test and record the basic levels of consciousness.

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 service is mostly operated with their best interests at the forefront of care provision.

There is evidence the responsible individual engages with individuals and residents on a regular basis and a copy of the residential consultation provided for 2021-2022, with areas for improvements identified in various areas. However, the day-to-day management requires more stringent measures are in place to ensure systems and process are continually reviewed to enable them to identify where quality and/or safety is being or may be compromised and to respond appropriately without delay. This is regarding identified risks and the appropriate management of identified risk.

We were made aware of several instances when notifications had not been submitted to CIW as required following a fall, application for Deprivation of Liberty Safeguard authorisations (DOLs) or any staff issues. We have received these.

A priority action notice has been issued in relation to managing risks safely and effectively.

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
57	The service provider has failed to ensure that any risks to the health and safety of individuals are identified and reduced as far as reasonably practicable.	New

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
60	The service provider has failed to notify the service regulator of events specified in Parts 1 and 2 of Schedule 3.	New

Date Published 23/09/2022