



Inspection Report on

Ty Llandaff Care Home

**Conway Road
Cardiff
CF11 9NT**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

06 and 09 September 2022

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About Ty Llandaff Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Ty Llandaff Care Home Ltd
Registered places	70
Language of the service	Both
Previous Care Inspectorate Wales inspection	
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 told us they are happy with the service they receive and share a good relationship with the care staff. People do things they enjoy and mostly have activities to look forward to. People told us they would like to do more. Management is taking immediate action to ensure there is a program of daily activities. We observed care staff being kind, caring and respectful to people.

Personal care plans are in place, and these are followed to ensure identified outcomes are met. Most care plans are up to date and reflective of people's needs, but this is not consistent for everyone. Systems are being updated to ensure that everyone is having a regular review of their needs. People are supported to maintain their health and have access to health services.

Ty Llandaff offers a welcoming and friendly environment. We saw areas of the home that show signs of wear and tear. Management is acting through their improvement plans to replace carpets and redecorate areas to ensure that the home is suitably maintained for the people who live there.

Staff are well trained and most receive regular supervisions. Management and nursing staff provide care staff with clear guidance. The management team maintains clear oversight and leadership of the service. They are knowledgeable, visible, and supportive in their roles.

Well-being

People make choices about their day to day lives and have a few ways they can express their views and opinions. People and their representatives would like to be better informed about care plan reviews and updates about the home. People's care plans are detailed, and personal likes and dislikes are recorded and catered for. People should be given the opportunity to contribute to their review to influence how they are supported.

Representatives and care staff told us that they knew how to raise a concern and trust that concerns will be acted upon. Representatives told us that management is visible and available to them. People told us that they would feel confident to speak with staff if they were not satisfied with the care they receive.

The layout and facilities of the home supports the well-being of people and has areas where people can take part in activities and socialise. There is adapted furniture for those who need additional support to enable them to participate in the communal areas of the home. The home is secure, and staff follow procedures to ensure visits are safe.

People are supported to make daily choices and do things that matter to them. People benefit from a choice of meals which are healthy and nutritious. People choose whether to eat their meals in the dining area to socialise with others, or in the privacy of their own rooms. People receive staff assistance when needed but there should be improved engagement with people that are more independent to encourage their nutritional intake and identify any changes.

People engage through the medium of Welsh and the home provides Welsh language books through the local library. People and visitors would benefit from signage around the home being bilingual, for Welsh speaking staff be visible and for information about the service be offered in Welsh. We cannot be assured that people's cultural, spiritual, and religious needs are fully met.

People can be confident that there is clear governance and leadership of the service. The responsible individual seeks the views of people during visits to the home. The RI and management team are proactive and visible in the communities. We saw them being kind and sensitive to people and they are knowledgeable and focused about people's outcomes.

Care and Support

People are provided with a service agreement informing them of the care and support they will receive. The Statement of Purpose requires updating to fully reflect the service being provided to people.

Care plans are detailed, person centred and provide care staff with information about how best to support the person. Most people's personal outcomes are being met but we found a few instances when there was missed opportunities to ensure people receive consistent care that reflects their needs. The management took immediate steps to address these matters. Some people, but not all are involved in their care plan review meetings. The meetings should be detailed to ensure people's views and outcomes are noted.

Care is being delivered to people in a sensitive, kind, and respectful way. Care staff told us that there is a consistent staff team. People benefit from continuity of care and support by staff who know them well. When agency staff are used, they receive an induction and support to get to know people and their care needs. Relatives told us "*I trust the staff*" and "*I see my family on a regular basis*"

People are offered meals that are home cooked and nutritious, they have access to snacks and drinks throughout the day. There are dining rooms in both communities and the home provides a varied daily menu. Alternative meals are available to people. Some people's weights are monitored, and systems are in place to act on any concerns. People are supported with their meals, but people who are more independent at mealtimes would benefit from staff interaction to encourage nutritional intake and to give them a better shared meal-time experience.

People are supported to take their medication safely. There is a thorough system in place to record and store medication. There are regular audits in place to maintain oversight of the management of medicines. People have access to healthcare professionals.

Environment

The home is warm, light, and airy. Some rooms that may be a hazard to people are appropriately secure to protect from them harm. There is equipment available throughout the home to support people to safely transfer. We observed staff in the lounge and dining room using the equipment safely and speaking to people to make them feel at ease.

People's rooms are spacious and personalised with items that matter to them. En-suite bathrooms are spacious, well equipped, and clean. There is adapted showering and bathing facilities to accommodate people's preferences. Management is planning to complete a risk assessment to protect those who enjoy walking around the community to ensure they are not at risk whilst doing so. We saw some bedrooms with wear and tear to furniture, fixtures, and equipment. Management is taking immediate actions to make the necessary repairs or replacements. On the day of the inspection, we found the carpets in the communal areas heavily stained and the décor in need of attention and we expect this to be addressed.

There are effective infection control arrangements in place to keep people safe and staff are provided with ample personal protective equipment that is used appropriately.

The communal areas are homely and well used by people. We saw some people being encouraged to use a specialist chair to enjoy the company of others in the lounge. There is ample seating for people to socialise together and take part in activities. People told us they enjoy visiting other communities in the home to take part in activities. Some people told us that they have a choice when they would like to spend time in the communal lounge, but others told us that they chose to stay in their room.

There is a small outside patio garden. There are plans for the home to make the front garden accessible and user friendly.

The provider is using a new dementia friendly environmental monitoring tool to inform them of best practice when making changes to the environment to support better outcomes for people.

Leadership and Management

Staff we spoke with told us that the RI and the management team are visible, approachable, and supportive. Staff told us that they feel valued and confident in the management team to respond to concerns. The provider has invested in an electronic care system that enables clear oversight and governance and is using the system to better monitor daily care provision. The RI carries out regular visits to the home to seek the views of people and to inform them of the quality of the service. Quality care reports are available to assess and evaluate the quality and safety of the service. The report shows improvements in the service.

The service provider encourages feedback from staff, people, representatives and professionals with surveys and questionnaires throughout the year. We found detailed internal audits in place to monitor and evaluate all aspects of the service that keeps the RI well informed. The interim managers have access to the RI and receive good support. The management team are visible within the community, we saw them supporting staff and providing guidance, they engaged with people in a sensitive and caring way. People are encouraged to voice their opinions at resident meetings. Ty Llandaff has improved the format of the meetings to include more feedback from people. Representative's meetings take place to seek their views and share information. The meetings offer flexibility on meeting times to encourage more participation.

People benefit from a consistent staff team who are well informed of their responsibilities. There is a significant reduction in the use of agency staff. Care staff are mostly up to date with their supervisions and the nursing team are having clinical supervisions with an appropriate person. There are robust systems in place to ensure clinical competencies are maintained. Staff training records are up to date, and staff are given opportunities to develop their skills and knowledge with additional training. Recruitment is consistently reviewed and adapted to respond to changing needs and circumstances at the service. The staff team told us that contact with the manager is regular and that management "*Are always willing to help out on the floor*". Staff told us that they have access to care plans and daily care recordings and communication is better than it was. Staff take part in daily meetings to discuss care and support. Staff should receive the opportunity to meet collectively on a regular basis to share their views and access information. We found the staff team to have a positive outlook about the progress being made by the management team and we were told "*I enjoy working here*" and "*My induction was thorough*". Staff spoke with affection about the people that live in the home.

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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44	To replace carpets and redecorate areas to ensure that the home is suitably maintained for the people who live there.	New
16	Ensure that people and representatives are included in the three monthly review of the care and support plan.	New

Date Published 31/10/2022