



Inspection Report on

Ty Brynteg

**Brynteg
St. Lukes Road
Porth
CF39 9TR**

2nd November 2021

02/11/2021

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About Ty Brynteg

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ocean Community Services Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	29 August 2019
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. This means it anticipates and identifies the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Ty Brynteg is registered with Care Inspectorate Wales (CIW) to provide care and support for up to six people who have a mental health diagnosis or a learning disability.

The service provides a good standard of care and support. Care documentation is detailed and gives clear instructions regarding the care of people with complex needs. Personal plans and risk assessments are devised using a multi-disciplinary team approach and are routinely reviewed to ensure they remain relevant to the person's needs. Care workers receive appropriate training and feel supported and valued. Governance and quality assurance arrangements are robust and allow the service to reflect and develop. A pleasant environment supports people's well-being. The home is comfortable, clean and appropriately maintained. Recruitment arrangements are safe and there are measures in place to protect people.

Well-being

People have control over their day-to-day lives and contribute to decisions that affect them. Personal plans outline people's care and support needs and are developed with the person and their representatives. This ensures people have a say as to how they would like their services delivered. People are supported in a person-centred way and are able to do the things that matter to them. Activities on offer are individually tailored and include leisure pursuits as well as domestic tasks. Care workers know the people they support well and are familiar with their likes, dislikes and routines.

The environment supports people's well-being. The service is comfortable, clean and maintained to a high standard. We observed people are relaxed within the home which suggests they are happy with their surroundings. People are able to exercise choice in relation to their personal living space and have decorated their rooms to their preference. Risk assessments and the routine servicing and checks of the environment and its equipment promote safety.

People are protected from abuse and neglect. The service's recruitment process is robust and ensures care workers' suitability for the role. Policies and procedures are kept under review and contain current national guidance. Care workers receive training in the protection of vulnerable adults and know the procedure for raising concerns if they need to. Governance arrangements give the management oversight of incidents, accidents and safeguarding matters.

Care and Support

People are happy with the service they receive and do the things that matter to them. On a weekly basis people complete a chart where they plan their activities. We looked at a number of charts and found activities to be individually tailored. People are supported to access the local community. One person told us *“I have a work placement, staff support me to get there”*. Another person said *“Staff support me to go shopping and to make my food”*. Feedback from people living at the service indicates good relationships between them and the care workers who support them. During our inspection we observed care workers engaging in friendly conversations with people and there was a genuine good rapport between them.

Personal plans set out people’s care and support needs and are person centred. This means the instructions for care delivery recorded in them is specific to the person’s needs. Personal plans contain detailed information about the person and clear guidance for care workers to follow. Positive Behaviour Support (PBS) plans provide guidance on how to manage behaviours that challenge. Personal plans are reviewed on a monthly basis with the person and wider multi-disciplinary team. People have access to a range of health care services. Personal plans contain documented evidence of appointments with GP’s, dentists and chiropodists. Other clinical input from health professionals such as psychologists is also recorded. Where a person lacks mental capacity to make a decision the service liaises with the relevant professionals to make a decision in the person’s best interests. Risk assessments highlight people’s vulnerabilities and provide guidance to care workers on keeping people safe. Risk assessments are reviewed in line with personal plans to ensure information recorded in them is relevant.

There are measures in place to keep people safe. Care workers receive training to identify the signs of abuse, neglect and deterioration. There is an up-to-date safeguarding policy and care workers are aware of their safeguarding responsibilities. Infection prevention and control systems promote hygiene and safe practice. Visitors to the service have to complete a Covid-19 questionnaire, have their temperature taken and have a Covid-19 lateral flow test before entering the building. On the day of our inspection all care workers were wearing the required level of personal protective equipment (PPE). An infection control policy is present as well as current guidance on Covid-19. Medication is securely stored and administered as prescribed. Medication administration records (MAR) confirm this. As required medication (PRN) administrations are documented properly with the reason for administering and effect of the medication recorded.

Environment

Ty Brynteg is a modern building situated in the town of Porth. The home provides easy access to the town and its facilities. The home can accommodate up to five people and there is a self-contained flat that can accommodate one person. There is also a separate office building. The office is where people's confidential information is stored and can only be accessed by authorised personnel. Communal areas within the home are suitably furnished and the standard of décor throughout the building is excellent. People's bedrooms are decorated to their preference and contain items that are important to them. Two of the bedrooms within the home have ensuite bathroom facilities. The other three bedrooms have access to shared bathroom facilities. We viewed the shared bathroom facilities and found them to be clean, well ordered and hazard free. There is a communal kitchen that is spacious and contains all of the necessary appliances so that people can prepare food. There is sufficient storage space and substances hazardous to health are appropriately stored. Windows on the upper floor of the building are fitted with restrictors for people's safety. People have access to shared laundry facilities. We saw routine cleaning being undertaken and there is a cleaning rota in place that supports good hygiene standards. A large garden to the front of the building provides pleasant surroundings where people can relax or take part in activities. There is also a large patio area to the side of the building that can be used for recreation.

Regular checks and servicing of utilities, equipment and fire safety features ensures environmental safety. We saw evidence of a rolling programme of audits relating to health and safety. We also saw evidence of routine servicing undertaken by qualified trades people such as electricians and gas engineers. There are systems in place that allows the service to identify defects and report them for repair. The services fire risk assessment is up-to-date and routine checks of fire safety equipment are conducted. All people living at the service have a personal emergency evacuation plan (PEEP) in place. This plan outlines the best way of getting people out of the building in the event of an emergency.

Leadership and Management

There are systems in place that promote staff development. Care workers told us they feel supported in their roles. We examined records relating to staff support and found care workers receive the required amount of formal supervision and appraisal. This is important as it gives care workers the opportunity to discuss any issues, support they may require and to reflect on their performance. Records relating to training show the service is mostly compliant with its core training requirements. Care workers say training provided by the service equips them with the necessary skills and knowledge to be able to deliver quality care and support. New employees are required to complete an induction where all aspects of core training are covered. An induction to the service is also completed and gives care workers the opportunity to train in areas specific to the needs of the people they will be supporting.

Governance and quality assurance arrangements are strong. The service consults with people connected to it to inform improvements. We saw documented evidence that the responsible individual (RI) visits regularly to meet with people living at the service and care workers to discuss service provision. During these visits the RI also conducts an environmental inspection, samples personal plans and analyses data relating to staffing and operational matters. Satisfaction surveys are distributed to people, staff and commissioners to obtain feedback. A quality of care review is conducted on a six monthly basis and considers the services strengths and any areas for improvement. Policies and procedures underpin service delivery. We sampled a number of the services policies and procedures including safeguarding, infection control and medication. We found all policies and procedures we looked at contained the most up-to-date national guidance and are kept under review.

A safe recruitment process ensures care workers are suitable to work with vulnerable people. Recruitment records show the service completes all of the regulatory required pre-employment checks. These include Disclosure and Barring Service (DBS) checks, references and employment history. Staffing arrangements are consistent with what is recorded in the services statement of purpose. The manager told us staffing levels are determined by people's need. There is a clear staffing structure that consists of management, senior care workers and care workers.

The services statement of purpose sets out its values, ethos and information relating to the homes facilities and service provision. Analysis of this document confirms services are being delivered in line with it. Other written information available for people to view includes a user guide. This document provides an overview of the service and contains useful information such as the complaints procedure and contact information for advocacy services.

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	N/A

	this inspection	
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