



## Inspection Report on

**Ty Bargoed Newydd Residential Home**

**Ty Bargoed Newydd  
Williams Terrace  
Treharris  
CF46 5HH**

**Date Inspection Completed**

30/03/2023

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## About Ty Bargoed Newydd Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Merthyr Tydfil County Borough Council Adults and Children's Services
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	1 July 2022
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 good care and support at Ty Bargoed Newydd. People tell us they are happy living there, people are settled and at ease in their environment, and relatives tell us they are happy with the support their family receives. Care staff are compassionate and respectful and like working for the people at the home.

The leadership and management are visible and engaged in the running of the service, with policies and procedures in place to help protect people from harm or abuse. Changes have been made to promote person-centred support but have not been fully risk assessed. People have individualised personal plans which are reviewed regularly, but people's involvement is not evidenced. Daily monitoring forms are not always completed. Following our last inspection, immediate improvements are now required in relation to Responsible Individual (RI) visits.

The environment is clean and homely. Improvements are required around fire drills and personal evacuation plans. Infection control measures are of a good standard. Care staff are recruited following robust recruitment checks and receive regular supervision. Improvements are required around staff training.

## Well-being

People are treated with dignity and respect at Ty Bargoed Newydd. People tell us they are well-settled and happy. People's relatives generally praise the quality of care and support at the service. People can raise issues or make requests, and resident meetings have recently been introduced to help people have their say. The home has good relationships and lines of communication with relatives, who tell us staff keep them informed and updated. Friends and relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The home liaises with external health professionals to refer any concerns and follows appropriate guidance. There is evidence of correspondence with professionals, with personal plans reflecting direction given. Personal plans are sufficiently detailed and are reviewed regularly. Meals look appetising and portions are appropriate. The home has a sufficient supply of personal protective equipment (PPE) and we saw this being used appropriately.

People live in an environment which supports them to achieve their well-being. Ty Bargoed Newydd is a spacious purpose-built home for older people and their associated needs, including people experiencing dementia. Bedrooms are comfortable and personalised. Suitable mobility aids are in place to help people where needed. We saw people appear relaxed and comfortable in their environment. The home is 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 this be needed. Care staff know how to identify and report issues of concern. Pre-recruitment checks are robust and regular supervision supports continued development. Incidents and accidents are logged, and appropriate actions taken by the service. The service meets the legal requirements about submitting notifications to Care Inspectorate Wales (CIW).

The home does not provide a service to people in Welsh at the time of the inspection but told us they would look at facilitating a service in Welsh if this were ever needed.

## Care and Support

Care and support is provided in a person-centred and dignified manner. There are warm and positive interactions between care staff and people, with some particularly excellent examples of person-centred care observed. People appear well cared for and appropriately dressed. We spoke with people who told us *“it’s very nice here”*, *“I can’t grumble”*, *“I’m quite happy here”*, and *“it’s a good home”*. People’s families told us they are *“very happy”*, *“my mother is happy, and would say if she wasn’t”*, *“he’s come on so much since moving in – I don’t know what they’re doing with him!”*, and the staff are *“fabulous”* and *“so friendly”*,

Care staff have up-to-date knowledge of people’s needs. Personal plans are individualised, detailed, and outcome focused, with relevant up-to-date risk assessments in place. Plans are prepared before a person moves in, which is an improvement acted upon since the last inspection. Plans are reviewed regularly and updated accordingly where necessary. There was no evidence to show reviews are undertaken with people or their representatives, with people and their relatives telling us they are not involved in reviews. We advised this is an area for improvement, and we expect the provider to take timely action to address this. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. Daily oral care sheets are not completed daily. New practices to promote person centred support have been introduced. We did not see evidence risks in relation to the opening of the secure area of the home have been fully considered. Staff told us while this change has some benefits, it has created new risks. We advised this is an area for improvement, and we expect the provider to take timely action to address this. The service makes appropriate and timely referrals to health professionals, with recommendations and direction acted upon. Deprivation of Liberty Safeguard (DoLS) authorisations are in place where people lack mental capacity to make decisions about their care and accommodation.

People benefit from a balanced diet. On the day of inspection, we viewed a variety of options on the menu, with people offered alternatives if needed. People told us the food is *“beautiful”*. People have drinks throughout the day to help keep them hydrated and are supported at mealtimes where required. Dietary preferences are understood and available to kitchen staff.

Infection control measures are in place to help reduce the risk of transmission of COVID-19 and other potential sources of infection. Staff have access to a supply of appropriate PPE. There is an infection control policy in place. Domestic staff have daily cleaning schedules, which we observed during the inspection.

Improvements are required to the management of medication. Medication is stored securely and can only be accessed by authorised care staff. Records show staff administer

medication in line with the prescriber's directions and are free from gaps and errors. The home has an up-to-date medication policy in place. There is no evidence to show medication is audited regularly. The medication room and fridge temperatures are not taken regularly, contravening the service's medication policy. We advised these are areas for improvement, and we expect the provider to take timely action to address these.

## Environment

The service provides an environment that is clean, free from malodours, comfortable, and suitable for people's needs. The home is secure from unauthorised visitors, which is an improvement acted upon following the last inspection. Rooms are a good size and comfortable, with ensuite facilities. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. The service has several lounge areas, where people can choose to spend their time and undertake activities. A dining area is located next to the kitchen, where people can have meals. Communal areas are generally tidy and uncluttered. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 4. An unused kitchen area is being developed into a café-style room. There are three garden areas which people can make use of.

Substances hazardous to health are stored in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There are fitted window restrictors in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions. There are no obvious trip hazards. Daily cleaning and laundry duties are being maintained. There is a maintenance person in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date. However, some improvements are needed to ensure the service is safe. While fire safety tests are completed, a fire drill is overdue. Personal emergency evacuation plans are not easily accessible in the event of an emergency. We could not evidence fire safety training is up to date. We advised these are areas for improvement, and we expect the provider to take timely action to address these.

## Leadership and Management

People are supported by a team of care staff who are recruited safely. Staff files show appropriate recruitment arrangements and contain all legally required information. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show not all care staff have up to date refresher training in core areas of care. We advised this is an area for improvement, and we expect the provider to take timely action to address this.

An experienced staff team is in place. Turnover of care workers is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff told us they “*love it here*”, “*it’s a lovely place*”, and were mostly positive about the manager. Some care staff we spoke with told us that morale can be low and staff sickness has a major impact on the well-being of staff. We have not seen evidence the RI consistently seeks staff feedback. A new manager has recently been appointed. The manager and RI told us they are aware of issues with staff sickness and are taking steps to address this. There is evidence of changes made by the manager helping to facilitate person-centred care more widely. Staffing levels on the day reflect the rota. While agency care staff are working at the service, we were told this has been reduced recently. Care staff were focused on caring tasks while other staff, such as domestic staff, were undertaking role-specific duties. This is an improvement acted upon following the last inspection. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues.

People cannot be assured appropriate governance, auditing and quality assurance arrangements are in place. New management auditing systems have recently been established to help the service self-evaluate and identify where improvements are required. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. Whilst we saw evidence of the RI undertaking the legally required three-monthly service visits, we did not see evidence of consultation with staff, and evidence of consultation with people is minimal. This was identified at the last inspection as an area for improvement, but insufficient improvements have been made. Therefore, we advised the RI we have issued a priority action notice and expect immediate action to address this. The RI six-monthly quality of care reviews have not been undertaken within the required timeframes. We advised this is an area for improvement, and we expect the provider to take timely action to address this.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and delivery of support. A written guide contains practical information about the home and the care provided.



### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
73	The RI does not demonstrate consultation with staff at the service.	Not Achieved

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	There is not any evidence of the service provider involving the individual or representatives in reviews of personal plans.	New
21	The service provider has not assessed the risks associated with integrating people together from all parts of the service. Daily oral care sheets are not being completed daily.	New
36	Training records do not show all staff have received up to date training in core areas of care.	New
57	A fire drill has not been undertaken within an appropriate timeframe. Personal Emergency Evacuation Plans are not readily available in an emergency situation.	New
58	There is not any evidence of medication audits taking place. Temperatures for the medication room and medication fridge are not recorded daily, contravening the service's medication policy.	New
80	Quality of care and support reports for the require time periods have not been provided.	New
34	Care workers are undertaking tasks removing them from their caring role.	Achieved
15	Personal plans are not always prepared prior to admission or on commencement of placement.	Achieved
44	The service does not ensure the main entrance is secure from unauthorised visitors and does not ensure visitors have taken the appropriate infections control measures.	Achieved

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