



## Inspection Report on

**Ty Gurnos Newydd Residential Home**

**Ty Gurnos Newydd  
Gurnos Road  
Merthyr Tydfil  
CF47 9PT**

**Date Inspection Completed**

19/01/2023

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## About Ty Gurnos 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	16
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">14 July 2022</a>
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 person-centred care and support at Ty Gurnos Newydd. People told us they are happy living there, and relatives told us they are very happy with the support people receive. Care staff are compassionate and respectful and enjoy working for the people at the home. The service has systems to ensure care and support is of a good standard. People benefit from individualised and current personal plans which are reviewed monthly. Reviews of personal plans do not show how people are involved in their reviews, nor how outcomes are reviewed. Risk assessments are not always in place. Management is visible and engaged in the running of the service, with policies and procedures in place to help protect people from harm or abuse. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean, homely, and well-located to access the community. Infection control measures are of a good standard. Care staff are recruited following robust recruitment checks, receive regular supervision and training, and feel supported in their work.

## Well-being

People are treated with dignity and respect at Ty Gurnos Newydd. People tell us they are well-settled, with their wishes and views respected. People's relatives praised the quality of care and support at the service. Care and support is person-centred. People can raise issues or make requests, and these are generally responded to. The home has very good relationships and lines of communication with relatives, who told 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. We saw evidence of correspondence with professionals, with personal plans reflecting direction given. Personal plans are sufficiently detailed and are reviewed monthly. Meals are nutritious and portions are appropriate. The home has a sufficient supply of personal protective equipment (PPE) and we saw this being used appropriately. We saw the management of medication is safe and in line with the medication policy.

People's well-being is enhanced by having meaningful activities to take part in. The home arranges an excellent, pro-active activity coordinator. We saw a group baking activity, followed by a quiz. We viewed evidence of people taking part in a range of other activities on a regular basis.

People live in an environment that supports them to achieve their well-being. Ty Gurnos Newydd is a 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. The home is within short distance of local facilities and amenities. We saw people were relaxed and comfortable in their environment. The home appeared clean and well-maintained.

There are systems in place to help protect people from abuse and harm. Ongoing training ensures care staff are sufficiently skilled. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. Recruitment is 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).

We were told the home did not provide a service to people in Welsh at the time of the inspection, although would try and facilitate support in Welsh if needed.

## Care and Support

Care and support is provided in a person-centred and dignified manner. We saw warm and positive care and interactions between care staff and people, with people appearing well cared for and appropriately dressed. We spoke to people who told us care staff are “*very good*” and “*kind*”, and they feel safe at the home. People’s families told us “*everything is excellent*”, it’s “*brilliant*”, the service has “*patient and wonderful staff*” with “*nothing being too much trouble*”, and praising the new manager.

Care staff have up-to-date knowledge of people’s needs. Personal plans are individualised, detailed, and outcome focused. These are improvements acted upon following the last inspection. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. People have key workers to ensure care is reviewed and care tasks in the personal plan are completed. We saw plans are reviewed monthly and updated accordingly where necessary. We did not see evidence that reviews are undertaken with people or their representatives, nor that people’s outcomes are reviewed. We saw that people did not always have risk assessments, where it says in their personal plan this is needed. We advised these are areas of improvement, and we expect the provider to take timely action to address this. We viewed evidence of appropriate and timely referrals to health professionals, with recommendations and direction acted upon by the home. Deprivation of Liberty Safeguard (DoLS) authorisations 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. We saw evidence of people having drinks to help keep them hydrated and observed them being supported at mealtimes. Dietary preferences are understood and available to kitchen staff. Kitchen staff take robust measures to ensure they manage food allergies.

There are good infection control measures in place to help keep people safe from the transmission of COVID-19 and other potential sources of infection. Staff have access to a large supply of appropriate PPE. There is an infection control policy in place. Cleaning staff have daily cleaning schedules, which we observed during the inspection.

There are systems in place for the management of medication. Medication is stored safely and appropriately, being administered and managed by trained care staff. The home has an up-to-date medication policy in place. Medication is audited regularly.

## Environment

The service provides an environment that is clean, comfortable and suitable for people's needs. Ty Gurnos Newydd is a purpose-built home, located in the Gurnos area of Merthyr Tydfil. The home is clean, tidy, and free from malodours. The home is secure from unauthorised access, with visitors required to sign on entry. Bedrooms viewed are of a good size and comfortable, with ensuite toilet and shower facilities. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. The service is spread over two living areas, with lounge areas in each where people can choose to spend their time. There were sufficient toilet and bathing facilities available at the home. The service has a large dining room next to the kitchen, where people can choose to have meals. Communal areas are tidy, homely, and uncluttered. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 4. A garden area in a central courtyard has seating and is available for people to use. The home is due to undergo significant redecoration, which will enhance the environment.

Improvements are needed to the home environment to ensure it is safe. Substances hazardous to health are stored in locked cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There are window restrictors in all bedrooms and bathrooms viewed. We saw fire exits were mostly clear of clutter and obstructions. A coffee table obstructed one fire exit. We informed the manager of this, who gave assurances this would be removed. There were no obvious trip hazards. Doors to two electrical rooms were unlocked. People's toiletries in the bathroom were not stored separately. We advised this is an area for improvement and we expect the provider to take timely action to address this. Daily cleaning and laundry duties were being maintained. There are maintenance and repair arrangements in place, which we saw evidence of. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal evacuation plans enable staff to understand the level of support people require in the event of an emergency and are easily accessible in an emergency.

## Leadership and Management

The service ensures care staff are fit to work with vulnerable people. Staff files viewed show appropriate recruitment arrangements and contain all legally required information. This is an improvement acted upon following the last inspection. Care staff start work once pre-employment checks are completed. New care staff have access to an induction programme. Training records show care staff have up to date training in core areas of care. This is an improvement acted upon following the last inspection.

Care staff feel supported and valued in their role. They told us the manager “*is open to ideas and listens*”, makes staff “*feel valued*” and “*involves staff*” in the decision making, and felt it is “*lovely working here*”. Turnover of care staff is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. This is an improvement acted upon following the last inspection. The manager told us staffing levels are worked out based on people’s level of need and numbers of people living at the home. The rota showed target staffing levels were being met and was reflective of staffing on the day.

Appropriate governance, auditing and quality assurance arrangements are in place. These systems help the service to self-evaluate and identify where improvements are required. The RI has oversight of the service. We saw evidence of the RI undertaking the legally required three-monthly service visits and six-monthly quality of care reviews. These are improvements acted upon following the last inspection. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm.

The service provides appropriate information to the public. The Statement of Purpose sets out the service’s aims, values, and delivery of support. A written guide details the terms and conditions. The manager told us the service are in the process of updating this into a more accessible format.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A
36	Regulation 36(2)(d) The service provider must ensure that any person working at the service receives core training appropriate to the work to be performed by them.	Achieved
36	Regulation 36(2)(c) The service must ensure that any person working at the service receives appropriate supervision and appraisal.	Achieved
73	Regulation 73(3) The frequency of such visits is to be determined by the Responsible Individual having regard to the statement of purpose but must be every three months.	Achieved

15	Care plans: 15(1)(a) The service provider must prepare a plan which sets out how on a day to day basis the individual's care and support needs will be met.	Achieved
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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
21	Risk assessments have not been completed in accordance with personal plans.	New
16	Reviews of personal plans do not include a review of the extent to which the individual has been able to achieve their personal outcomes.	New
16	There is not any evidence of the service provider involving the individual or representatives in reviews of personal plans.	New
57	Doors to secure areas are not always locked, and toiletries for people are not stored separately.	New
80	The quality of care reviews are not completed in line with regulations	Achieved
35	The provider does not complete sufficiently robust recruitment checks.	Achieved

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