



Inspection Report on

22 Tal y Wern

Port Talbot

Date Inspection Completed

19/12/2022

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About 22 Tal y Wern

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Community Lives Consortium
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert]
Does this service provide the Welsh Language active offer?	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

People and their relatives are satisfied with the care and support provided at Tal y Wern Care Home. They live in a pleasant and homely environment that is warm and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers to provide support to people. Care workers receive appropriate support, and staff supervision and appraisal meet regulatory requirements. Care workers are knowledgeable, respectful, and caring. Care staff enjoy working at the service and speak positively about the roles they undertake.

Safety equipment is in place and health referrals are made when necessary to promote people's health and well-being. There are opportunities available for people to take part in activities. People engage in social or educational activities of their choice and have their own personal daily routines.

The service provider has developed systems to enable them to capture people's views and to develop person centred information. The management team have put checks and processes in place to keep service delivery under constant review. Improvement is needed with staff training and Health and Safety arrangements relating to fire safety.

Well-being

People and their relatives are satisfied with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People indicated to us they get on well with staff. A relative commented "*I trust the staff at present but I don't know the newer staff*" and another commented "*generally they are very good.*" Overall, relatives had concerns with consistency of staffing due to the use of agency staff but one commented "*the vibes are good and the manager is doing nicely.*" Records show people are offered choices to make everyday decisions. The responsible individual (RI) told us they regularly speak with people who live at the home and their families about what is important and how to best support them which was seen in documents viewed by us.

People are protected from abuse and harm. Tal y Wern Care Home has a safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Tal y Wern. Recording of monitoring of care activities is in place including the achievement of personal outcomes for people. People are supported to do the things that matter to them which are identified in their personal plans with clear measurable outcomes.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The environment is clutter free. However, please see the comments regarding fire safety later in this report which have resulted in the issuing of a Priority Action Notice.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. Improvement is needed with staff training and is discussed later in this report.

Care and Support

There is a care planning system in place providing support plans for all aspects of the individuals' physical, mental, and emotional wellbeing. Overall, there is good detail in care planning and risk assessments. All seen are within the last year and three-monthly reviews have been taking place. Referrals for advice and professional help regarding health services are sought as needed. Monitoring of care activities was in place with information available to staff. Monitoring of airflow mattresses to ensure they are set on the correct setting is in place. However, this relies on historic knowledge of the correct setting. This should be reviewed to ensure accuracy. Supporting people to identify and engage in leisure and learning activities was sufficient.

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). There are sufficient stocks of PPE available. Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Improvement has been made with the implementation of a colour coded system for mops and buckets to avoid cross contamination.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. There was good photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. During our visit, we observed activities taking place facilitated by care staff such as going out to the local café for a drink and one person attended a local day service. People indicated to us they enjoy taking part in a variety of activities. Relatives told us their family member is encouraged to stay active and to do as much as they can. This is reflected in people's records.

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records are accurate. We saw medication was kept in a secure cabinet in a locked room. As and when required medication (PRN) was appropriately administered in line with instructions. To ensure medication is stored at the correct temperature, medication room temperatures are checked and recorded daily. However, improvement is needed with training for medication administration as not all staff had completed the required training. This is discussed later in this report.

Environment

The accommodation is comfortable and benefits from sufficient quality decor and furnishings. However, the lounge carpet requires replacing to ensure it is safe as it had come away from its carpet grip at the entrance to the hallway creating a hazard. When this was brought to the attention of the manager, she immediately took action to address it temporarily until the carpet was replaced. The home is calm, informal, and relaxed. We saw people sitting in the lounge and the kitchen/dining room, sitting in the comfort of their bedrooms and relaxing. The environment supports people to achieve their personal outcomes.

The storage of substances which have the potential to cause harm was sufficient because we found materials used for cleaning were stored in an appropriate locked cupboard.

There is a system of monitoring and auditing in place, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is managed by the maintenance service at the home. There are records of monitoring of health and safety checks which is well organised and accessible.

Entry to the home is safe and documents are stored securely. Visiting professionals are requested to sign into a visitors' book on arrival, ensuring people's safety is maintained. Visitors are also required to follow the home's infection control procedures in relation to COVID-19. Information is stored securely in locked offices and care documentation is treated sensitively ensuring people's privacy is upheld. The external areas of the home consisted of a garden with fencing and two wooden gates which at the time of our inspection were not lockable due to the gates having dropped. This was immediately addressed by the visiting locality manager who repositioned the gates to ensure these were secure.

Priority action is required with health and safety of fire risk arrangements. The fire risk assessment for the service should be reviewed considering staffing levels during night-time hours to ensure a safe level of staffing. This is to make certain people can vacate the premises in the event of fire. Presently, there is one sleep in staff on duty at night to support three people with one person requiring hoisting to mobilize. Also, a fire exit door in one of the bedrooms is identified as requiring widening to allow for evacuation in an emergency. The Personal Emergency Evacuation Plans (PEEPS) for the service need to be updated considering the above. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The laundry room is well organised and has entry and exit doorways. Appropriate systems are in place and all laundry equipment is in working order. There is an area with cupboards with shelving for linen storage in place and ironing facilities. There is an organised storage

area for household waste and clinical waste bins.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose (SoP), which is regularly reviewed. We saw policies and procedures are in place and updated.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. The RI visits the home regularly and meets with people and staff. We viewed the latest quality monitoring report, which shows the provider asked for people's feedback and that recommendations for improvements were implemented. We saw evidence that the RI has oversight of the service and the service manager together with the locality manager conduct a quality assurance system to ensure quality care is provided. We looked at documentation that confirmed the RI conducts quarterly visits to the home for regulatory purposes and quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of plans to invest in staff training and sustainable employment to improve conditions of employment for staff.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. The sample of staff supervision and appraisal records seen were carried out at the required frequency and staff files are well organised and contained all the required documentation.

There are enough staff on duty during the day to safely support and care for people in line with the SoP. However, attention should be given to the Priority Action Notice discussed earlier in this report regarding night-time staffing. Records show there is a mixture of experienced and new staff available and this was seen during our visit. Relatives told us that the use of agency staff means that sometimes people do not get to know their loved ones as well as a permanent member of staff. They told us of concerns about the consistency of staffing experienced in recent times but acknowledged that the staff team was in a process of rebuilding following the departure of established staff.

Improvement is needed with staff training. We were shown a training matrix, which includes mandatory courses as well as other courses but did not include compliance figures for ease of monitoring. Staff training needs updating to ensure staff were completing all the training required which was acknowledged by the RI and manager. Particular attention needs to be given to training for Infection Control, Medication, Manual Handling and Fire Safety

Awareness. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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	Health & Safety - The Fire Risk Assessment and Personal Emergency Evacuation Plans (PEEPS) do not ensure there are safe staffing levels at night in case of an emergency. Ensure that the Fire Risk Assessment and PEEPS are reviewed to ensure there is safe staffing arrangements in place.	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
36	Staff training records were not up to date. Ensure all staff receive appropriate up to date training for their role.	New

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