



Inspection Report on

22 Tal y Wern

Port Talbot

Date Inspection Completed

24/08/2023

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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 promote Welsh language and culture?	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 happy with the care and support provided at the home. They live in a comfortable homely environment that is warm, clean and suitable to meet their needs. People living in the service are treated with dignity and respect by a dedicated care team who know them very well. There is information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are mostly available in sufficient numbers and have a mix of skills to adequately provide support to people. Care workers are respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities both, at the home and in the local community.

Priority action is needed with health and safety of fire risk arrangements which was previously identified at the last inspection. Improvement is also needed with medicines management.

Well-being

People and their relatives are happy with the care and support provided. There is good information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, "*They are fun.*" A relative commented "*the staff are good with my relative*" and another said, "*the quality of staff is improving.*" Records show people are offered choices to make everyday decisions. The 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. This is confirmed in records seen by us. People are protected from abuse and harm. Tal y Wern has an appropriate 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 that timely provider assessments, personal plans and reviews are completed. Referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Tal y Wern.

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. Throughout our inspection we observed activities taking place facilitated by care workers. People told 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 for themselves. This is reflected in people's care records.

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 building is well-maintained and safety checks are completed when required. However, fire safety needs priority action and is discussed later in this report. The service has access to a maintenance service. The environment is clutter free and hazards are reduced as far as possible.

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.

Care and Support

There is a care planning system in place providing personal plans for all aspects of the individuals' physical, mental, and emotional wellbeing. Person centred information is in place and referrals for advice and professional help regarding health services are sought as needed. Monitoring of care activities is in place with information available to staff.

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. People told us they enjoy taking part in a variety of activities. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Activities include various community participation, attending day centre, coffee/lunch out and personal shopping. Records show people have access to local community facilities. A visiting professional commented, "*the service is excellent*" and "*Person centred care delivered by a very friendly, committed and attentive team.*"

Improvement is needed with medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. However, we found during our inspection that some medication prescribed to be taken 'as needed' had not been available for 6 days and this had not been picked up during medication audits. We discussed this with the manager who agreed to address this as a matter of priority. This is an area for improvement and we expect the provider to take action. Medication administration records (MAR) are accurate. We saw medication was kept in a secure locked cabinet. A record is kept of the temperature and is monitored to ensure safe storage of medication. Records of appointments with medical professionals were seen in hard copies in care files.

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). Staff wear appropriate PPE and follow correct procedures. The home is very clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

Environment

The accommodation is homely, comfortable and benefits from recently updated good quality decor and furnishings. We observed the environment to be free of clutter throughout. We saw people sitting in the dining room and lounge of the bungalow and in the comfort of their bedrooms which were personalised to their tastes.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. This is managed by the maintenance staff at the home under the guidance of the RI. The sample of three bedrooms viewed had facilities and equipment that is suitable for the individuals. Staff ensure that individuals are treated with respect and sensitivity.

Laundry is well organised. Appropriate supported living systems are in place and all laundry equipment is in working order. There is an area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Priority action continues to be required with health and safety of fire risk arrangements and we have therefore re-issued the Priority Action Notice issued at the previous inspection. This is because we found that 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. 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.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Robust arrangements for the oversight of the service are in place, such as systems for care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is mostly provided in line with the objectives of the Statement of Purpose but would benefit from reviewing to be more explicit considering the improvement with staff training identified below. We saw policies and procedures are in place and reviewed regularly.

People can be assured the service provider and the management team monitor the quality of the service they provide. The RI visits the home regularly and meets with people and staff. We viewed the latest quality monitoring report, which showed people's feedback. Recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service, and the manager conducts quality assurance system monitoring to ensure quality care is delivered.

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 investment such as the implementation of training for staff such as *"outcome and support sequences and also improving conditions of employment such as paying the Real Living Wage."*

There are mostly enough staff on duty to safely support and care for people. However, as discussed earlier, night-time staffing levels need to be reviewed. The service provider is considering options to address this matter. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection. People living at the home told us *"It's good here, the staff help me."* and a relative commented *"Staffing is tight but has now stabilized"*. The service provider has selection and vetting systems for staff recruitment and pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision and appraisal is sufficient. The manager informed us that training has been updated to ensure all staff have completed the appropriate training required and this was seen in records provided.

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.	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
58	A sufficient supply of medicines was not maintained. Ensure there are sufficient supplies of medicines available when needed at all times.	New
36	Staff training records were not up to date. Ensure all staff receive appropriate up to date training for their role.	Achieved

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