



Inspection Report on

Ty Bryn Residential Care Home

**Ty Bryn Residential Home
Old Lane Abersychan
Pontypool
NP4 7DG**

Date Inspection Completed

23/11/2023

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About Ty Bryn Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Amaranth care ltd
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	30/11/2021
Does this service promote Welsh language and culture?	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 living at the service are comfortable and content. Staff support people to maintain relationships with their family and promote links with the local community. Activity provision is tailored to meet people's likes and interests. Since our last inspection, there has been a high turnover of staff, all vacancies have been filled. The staff team are committed and trained to carry out their role. The management team are experienced and registered to conduct the day to day operations. The Responsible Individual (RI) has good oversight of the service. An electronic medication system has recently been introduced to improve management arrangements for medicines. People's personal plans need improvement to ensure staff know why they are monitoring individuals needs and care and support is delivered in accordance with their wishes.

Well-being

People have choice and are treated with dignity and respect. People are well presented, ladies wearing jewellery with their nails painted. One lady was keen to show off her nails and point out which staff member painted them. People decide if they want to spend their time alone or with others. During our visit, we saw people being asked their food and drink preferences. They enjoy the food and alternatives are given when a person does not like the meal options. People's opinions are valued with regular meetings and satisfaction surveys taking place to gain their views about menu's, activities, and redecoration. People's plans do not always set out how each individual will be supported to achieve their personal outcomes and so improvement is needed.

People are offered regular activities and stimulation with links to the community promoted. They told us they "*enjoy the activities*" and said the activity worker is "*enthusiastic*." People attend a weekly luncheon club at the local community centre and can go on shopping trips. Planned Christmas events include a trip to the pantomime and hosting entertainers. The service is looking to extend its provision by joining local community classes such as cake decorating, crafts and a dementia choir. The Responsible Individual (RI) is in the process of arranging transport to enable people take more frequent trips into the community. Family, friends, and pets can visit their loved ones as often as they want. Staff support some individuals to maintain relationships with their family. Relatives can access a closed internet page to see what activities their loved ones taken part in.

People living at Ty Bryn are safeguarded. Accidents and incidents are monitored with appropriate action taken when needed. The service is responsive in identifying and mitigating risks. Staff are trained to report abuse and manage complaints. The relevant applications are made to safeguard people's best interests. Management arrangements for medicines have been strengthened by the recent introduction of electronic recording system. Sound staff recruitment practices further protect people living at the service.

People live in a service that meets their wellbeing. We found the home is welcoming, clean, and safe. There has been investment in the property with windows being replaced and an upgraded heating system. People's bedrooms reflect ownership with family photographs and keepsakes on display. Communal areas are clean and comfortable which supports people to spend time with others.

Care and Support

People's plans are person centred and demonstrate on-going health monitoring. Although, they do not always provide sufficient direction for care staff about how to meet a person's needs. The plans should outline why monitoring is happening and what actions staff are expected to take. Clear guidance will ensure people receive consistent care and support. In addition, the plans need to set out how people's wishes will be supported. This is an area for improvement, and the provider confirmed during our inspection, they would take steps to enhance the plans.

Routine reviews of people's care plans are taking place. People are included in reviews whenever possible. Risks to people are assessed so they are supported to stay safe, and their freedoms respected. As personal outcomes are not written in care plans there is no evaluation of these during the review process. The manager agreed to consider people's personal outcomes during future reviews.

People are supported to maintain their health and wellbeing and referrals are made in a timely manner. Records of each person's medical history are maintained. Individuals are supported to access healthcare services as required. We saw people are appropriately referred to professionals due to any decline in health. We found the service works collaboratively with professionals to support people living at the service.

People are treated with dignity and respect. During our visit there was staff presence with no indicators people were having to wait for care and support. Generally, the dining experience was good., We saw sensitive and caring interactions from staff towards people. Staff know people well. They supported a person to decide on an alternative meal when they did not want the food options. The introduction of adapted utensils and crockery would further enhance the mealtime experience. We saw good, warm humour between staff and residents which made it a pleasant experience all round.

The provider did not offer a service to people in Welsh at the time of the inspection and would have to plan how to facilitate a service in Welsh if this were needed.

Medicine management arrangements have been strengthened with the recent introduction of an electronic recording system. All staff administering medication have received training to use the system. Routine auditing systems are in place, however; the timescale of implementation has been too short to rate the systems effectiveness. We discussed the suitability of the current medication storage arrangements with the RI.

Environment

People live in safe and comfortable surroundings. A number of communal areas enable people to meet up and spend time with others. There are sufficient bathing/ showering facilities to support people with their personal care. There has been on-going investment to the property with the replacement of windows and upgrade of the heating system. There is a rolling maintenance plan for repair and decoration. People living at the service have been consulted about colour schemes. The garden offers an inviting space for people to spend time with family and friends. The local park can be easily accessed for walks during the Summer.

The premises, facilities and equipment are suitable for the provision of the service. The service providers ensure the premises are safe and comply with health and safety legislation by conducting routine health and safety checks. Routine maintenance of equipment is carried out by manufacturers. An infection control visit was made to the service and the report is awaited. A Food Standards Agency inspection found food hygiene standards are generally satisfactory awarding the service a rating of three. The service's fire risk assessment has recently been reviewed. People's emergency evacuation plans are routinely reviewed; however, they would benefit from clearer directions. Staff receive health and safety training in food hygiene, first aid and fire.

Leadership and Management

Governance systems are in place which support the running of the service. There are two managers at the service, both of whom are registered with Social Care Wales. A deputy manager supports them. The responsible individual is visible as they work at the service on a regular basis to support the management team. Staff told us managers are approachable. One said, *“we work as a team,”* with another adding *“we are one big family.”*

There are sound arrangements for the oversight of the service through on-going quality assurance. The RI conducts three monthly visits to the service during which he speaks with residents, staff, and relatives. A quality of care review is conducted which informs improvements and the development of the service. There are on-going audits taking place which review the service. People can be sure the service is responsive to their wishes and run in their best interests. The RI has oversight of the service.

There are good staff recruitment practices in place. We viewed a sample of newly appointed staff and found the required pre-employment checks had been conducted. This included DBS checks and gaining satisfactory references from previous employers. Previous employment histories are explored as part of the selection process. This enables the service providers to make a decision about the fitness of workers before they start working at the service.

Since our last inspection, there has been large turnover of staff. The providers have been unable to find any theme and replacement staff have been recruited into the vacant positions. All staff receive an induction. The majority of care staff are experienced and have gained a recognised care qualification which has enabled them to register with Social Care Wales, the workforce regulator. Staff have opportunities for updating their knowledge via internal and external training. They told us training opportunities are good at the service. Staff supervisions are taking place as required which provide an opportunity for staff to discuss practice and career development needs with their line manager.

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
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15	People's plans do not always clearly direct staff how to support them to meet their care and support needs. The plans do not consider their personal outcomes. Each person's plan should have sufficient information to direct care staff how to meet their care and support needs in accordance with their likes and preferences.	New
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