



Inspection Report on

Ty Nant Care Home

**Tynant Nursing Home
Viaduct Road
Cymmer
Port Talbot
SA13 3NR**

Date Inspection Completed

08/02/2023

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About Ty Nant Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	GLASSLIGHTS LIMITED
Registered places	61
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

Ty Nant is a purpose-built nursing home in Cymmer overlooking the picturesque Afan Valley. The service provides nursing care and/or personal care to adults. People appear comfortable and content in the service, which is modern, well maintained and homely.

People have personal plans in place which are up to date and reflect them well. Care staff treat people with kindness and compassion and there is a warm family feel in the service. People have built friendships with others in the service and participate in well planned activities together. Consistent care staff are happy in their work and enjoy supporting people they have got to know very well over the years. Care staff feel supported in their roles and receive training to keep up to date with legislation and the skills required to meet the changing needs of people.

There is a respected management team in place who are visible in the service daily. There is constant investment into the service and at the time of this inspection new carpet was on order to replace all communal walkways throughout the service. The responsible individual (RI) visits the service as required and completes regulatory reports appropriately.

Well-being

People have a voice and are treated with dignity and respect. Personal plans give a clear oversight of people's support needs, likes and dislikes and are discussed with people or their relatives from the onset of assessment through to routine reviews. We saw warm and genuine interactions between care staff and people throughout the inspection and people were smiling and enjoying each other's company. There is a good four weekly menu available for people to choose what they would like to eat. The RI consults with people when they visit to get their views on the service and make suggestions of improvements that could be made.

People are supported to maintain relationships. Consistent care workers know people well and have a good rapport with them and their relatives when they visit. Relatives and friends are encouraged to visit the service as often as they want and included in events that take place in the service. One relative told us how he was thrilled to join his loved one for Christmas dinner at the service last year as he would have been all alone otherwise. Both staff and relatives spoken with commented on the 'family' approach in the service, these included "*Relatives are like family to us all too as we see them so much and they can visit whenever they want to.*" and "*It's lovely here, we're like a big extended family.*" Professionals spoken with also confirmed that they had a good working relationship with the service.

People's physical health, mental health and emotional wellbeing is promoted. There are good systems in place to manage medication in the service. People are supported by care staff who know them well and can recognise any signs of ill health and seek timely support when needed. People can participate in varied activities to promote their social wellbeing and keep them as active as possible.

People are protected from harm and neglect. Care workers undertake safeguarding training and those spoken with are aware of their responsibilities to report any concerns. Appropriate safeguards are in place for people who have limited capacity and documented decisions made in their best interests are kept up to date. The provider has safeguarding policies in place that are aligned to current legislation. There are good infection control procedures in the home and security features and ongoing maintenance in the service to keep people safe.

There is good oversight of the service. The RI visits the service routinely and is in regular contact with the management team. Regulatory required reports are completed to demonstrate the ongoing oversight of the service. There is a visible management team in the service who are highly respected by people, relatives and care staff alike and all those spoken with complimentary of their approach.

Care and Support

people or their representatives are encouraged where possible to be involved in the planning of their care to ensure it meets their needs. We looked at six care files and saw all are completed in the same format with an index to assist with finding specific sections. We found personal plans reflected the persons needs well and were accompanied with risk assessments to minimise any risks identified. Routine reviews of care documentation take place to ensure the current needs of people are accurately documented. Feedback from relatives of people living in the service was very positive and included *"I can't fault this place, they've gone through care plans with us, really good communication, excellent personal care and they keep in touch all the time, we're really happy as a family."* a professional visiting on the day of the inspection also commented saying *"family feedback about this place is amazing and the care is above and beyond their expectations."*

There are safe systems in place for the management of medication in the service and to maintain people's health. As the service is delivered over three floors, each floor has a designated nurse's room and clinical room, we found all were locked when not in use. Medication is stored in the nurses' room on each floor and there is a separate locked cupboard for controlled medication. We saw temperatures logs in place in the nursing rooms with logs of the room and fridge temperatures in place. We looked at eight Medication Administration Record (MAR) charts and found these are completed correctly with no gaps visible. We saw counter signatories are in place as required. We conducted a check on controlled medication and found the logs and stocks were accurate. There are good procedures in place for ordering, returning, and disposing of medication no longer required. We saw that people at risk of skin breakdown or nutritional deficiencies are identified and appropriate interventions in place to minimise risk to them.

The provider has mechanisms in place to safeguard people supported in the service. People are supported by a care team who now them very well and have built up good relationships over the years. People told us they feel safe in the service and with the care team and they are all *"one big extended family."* Care staff can recognise when people are unwell or if there is something wrong and act appropriately to seek support for them. Care staff spoken with are aware of the procedures to follow if they have any concerns about anyone they support. The training matrix was seen and indicates care staff receive safeguarding training. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care and support and we saw these are reviewed routinely by the management team. The service has a safeguarding policy in place which reflects the Wales Safeguarding procedures.

People are encouraged to make choices daily and participate in activities they enjoy. We saw people participating in a quiz on the day of the inspection using the TV as a big screen host and arts and crafts. We saw that people from all three floors come together for activities like this when they want to, however, the manager also explained that each floor

has its own programme of activities as well as one to one sessions. The hairdresser also attends the service every week and we saw lots of people going to have their hair done in the salon on the ground floor. People were happy and smiling whilst these activities took place. There is choice available for people to decide what they want for mealtimes, and we saw that the menu is on a four-week rotation with a choice available every mealtime.

Environment

The provider ensures that individual's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. Ty Nant is a well-presented purpose-built service where all bedrooms have en-suite facilities. Each of the three floors has its own lounge, dining room, quiet lounge and separate wet room, a bathroom with a hydraulic bath and another with a rolltop bath. This gives people choice in showering or bathing. Staff have access to staff rooms and there are also shower rooms for staff. Due to the layout of the service each floor can be self-contained other than the main kitchen and laundry being situated on the ground floor as well as the manager's office. There are numerous staircases in the building and a lift to access all floors. There is an electric security feature in place to prevent people from accessing stairwells to minimise the risk of falls. Bedrooms are spacious, homely, and personalised. There is a tranquil sensory garden with beautiful views of the valley for people to enjoy in warmer months.

The service provider has procedures in place to identify and mitigate risks to health and safety. We saw that there is a maintenance person in post in the service who carries out routine checks on the building and the environment. The maintenance file with these checks was seen. Routine servicing and safety checks of utilities and equipment take place and we saw certificates in place which were all in date to evidence this, this includes electricity, gas servicing, and fire safety. We saw that any chemicals used in the home which are classed as hazardous under the Control of Substances Hazardous to Health (COSHH) legislation are stored securely in keypad entry cupboards and these were always locked during the visit.

The service promotes hygienic practices and manages the risk of cross infection. At the time of this inspection visit, the increased use of personal protective equipment (PPE) and the need for all visitors to undertake Lateral flow tests prior to entry is no longer a requirement. Despite this: Care staff were observed wearing PPE appropriately prior to undertaking personal care tasks. We found the service clean and domestic staff work tirelessly to maintain the services high standards. The laundry room is clear of clutter and there are good systems in place to minimise any risk of cross contamination with separate doors to enter and leave the room. The kitchen is clean and well organised, and we saw that it has maintained the highest rating of five (very good) from environmental health since the last inspection.

Leadership and Management

People are supported by a consistent and dedicated care team who are recruited and trained to provide care to meet their needs. At the time of inspection, the provider was auditing personnel files to ensure all necessary documentation was in place. We looked at eight personnel files and all but one had all pre-employment checks including two written references in place. The one file that was missing one reference had already been picked up by the provider and chased and an alternative also sent. We saw that all care staff have up to date Disclosure and Barring Service (DBS) checks in place and this is overseen by a matrix which is checked monthly by the manager. We saw the training matrix which evidences care staff complete training to fulfil their roles. Staff spoken with confirmed that training was good at the service, and they all feel appropriately skilled to carry out their roles. Staff receive supervision and appraisal and we saw that these are scheduled quarterly with annual appraisal all logged on the matrix. Care workers spoken with are very complimentary about the support they get in the service comments included: *“the management team is so approachable and accommodating”* and *“They are really nice to work for and we all feel very valued and looked after just as the residents do.”*

There are systems in place to support the smooth operation of the service. We looked at the manager audit file and saw monthly audits take place including dip sampling of care files and personnel files, room audits, medication, and weight monitoring. We looked at the statement of purpose (SOP) which gives a good reflection of the service provided. Staff morale in the service is very good and all staff spoken with are very happy in the service, comments included: *“I can’t praise them enough. It doesn’t feel like work at all and everyone here, both residents, relatives, staff, and manager are all like one big family,”* *“it’s a lovely place to work”* and *“I couldn’t think about working anywhere else.”*

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. The RI visits the service quarterly and is in contact with the service and manager regularly as it is a family run business. The recent quality of care report was seen, and this included feedback from people, relatives, and care staff. This report details areas for improvements identified and actions required, and time scales set. Relatives spoken to told us that communication with the home was excellent, and they were always invited to give their feedback about the service and suggest improvements although they struggled to think of any. We saw that people participate in knit and natter sessions and are encouraged to voice their views on the service too.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
36	Care staff were not in receipt of quarterly supervisions and annual appraisals.	Achieved
35	The service did not have relevant paperwork in personnel files i.e forms of ID and 2 x references	Achieved

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