



Inspection Report on

Ty Llwynderw

**Bridgend Road
Maesteg
CF34 0BA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

09/02/2023

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About Ty Llwynderw

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	10
Language of the service	Both
Previous Care Inspectorate Wales inspection	09 March 2022
Does this service provide the Welsh Language active offer?	Working towards: The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Ty Llwynderw provides a warm and friendly environment in which people receive their care. Care staff generally know people well and facilitate interaction and conversation between them throughout the day. Personal plans and risk assessments are updated following changes in a person's needs and are regularly reviewed. The home environment is clean and well maintained. Care staff are appropriately recruited and vetted, and have regular supervision sessions to discuss any professional issues or development needs. Care staff have completed mandatory and service specific training since the last inspection. Information is shared between management and staff during detailed daily handovers. The manager and deputy manager have good oversight of events in the home. There is currently no nominated Responsible Individual (RI), however the person who is applying for the role has visited the home and is aware of the regulatory requirements.

Well-being

People are treated as individuals and are supported to make choices throughout their day. Personal plans contain information about people's likes and dislikes and care staff showed their knowledge and familiarity about the people they were supporting throughout our visit. There were a couple of people who have declined in health and were being cared for in their rooms, which had affected the dynamic of the very close group of people living in the home. However, care staff were good at encouraging conversation, engagement and interaction, throughout the day. This kept the community atmosphere. We saw people getting up when they wanted to, eating when and what they wanted to, and requesting games to play or films to watch. The manager appears to have a good relationship with people and their families and is approachable. There is a complaints process in place should it be needed.

People are supported to be as healthy as they can be by receiving holistic care from a variety of health and social care professionals. We saw evidence of regular input from GP and community nurses, as well as dentist, optician and chiropodist. Updated medication guidance has been provided to the home whilst a new policy is being finalised, and care staff complete medication competency tasks with management in between medication training refreshers. We found that medication is stored safely and disposed of correctly. PRN (as needed) medication is recorded, and care staff monitor the effects when administered. We observed part of a medication round that indicated care staff are competent in administration.

There are systems in place to protect people from harm or abuse. Risks to individual health and safety are included in care plans and risk assessments. These are reviewed and notes made as part of team leader reviews. There are appropriate policies in place including safeguarding and whistleblowing, which have been recently reviewed and updated. Safeguarding training has been completed.

There is one person living at the service who is a Welsh speaker but also speaks English. Care staff speak incidental Welsh with them as much as they can. Documents are available bilingually from the service on request.

Care and Support

The service encourages people to interact with each other and stay stimulated and as active as possible throughout the day. We observed continuous warm interactions between care staff and people living at the service. One family member told us: *"I just can't fault what they do. I come every day, different times, it's always the same. They're just lovely here"*. Care staff initiated a variety of activities for each individual and seemed to know what they would like to do. On the day we visited, two people were being cared for in bed due to ill health, and we observed care staff checking in on them, and delivering their care in a friendly, but sensitive, manner. In addition, the manager was arranging for a spare room in the complex to be used by one person's family, who were travelling a long distance to be with their relative whilst they were ill.

Care staff have appropriate information to be able to provide people with the right care at the right time. Personal plans contain information on people's needs and the support that is required to assist them with each aspect of their daily living. We saw evidence of recently rewritten personal plans due to deterioration in someone's health and increased care needs. All staff should ensure plans are dated. Risk assessments are in place, and supplementary charts completed as required. Thresholds for care staff intervention have been made clearer. Daily notes give information on events and general mood during the day and night. A thorough handover is completed between shifts and a staff diary kept recording significant changes or upcoming appointments, for care staff to refer to. People have choice over their meals. The kitchen staff appeared to know people and their dietary needs and preferences well and had good rapport with them when in the dining room.

There are systems in place to promote infection control and good hygiene. There is infection control guidance in place, collated from information from Public Health Wales. We saw personal protective equipment (PPE) being used appropriately by staff throughout the day. Visitors are now able to visit at any time, for any period, and access both individual's bedrooms and the communal areas.

Environment

Care and support is provided in an environment that enhances people's wellbeing. Ty Llwynderw is part of a wider complex owned and maintained by Linc Cymru. There are a variety of facilities such as a spa room, and a salon and restaurant in the main complex which can be accessed by people in Ty Llwynderw should they wish. Areas such as sluice, laundry and medication rooms are locked, to safeguard people from potential hazards inside. The home is secure from unauthorised persons, and the management keep an electronic log of visitors.

There are spacious communal areas, and each bedroom has an en suite bathroom. Bedrooms are personalised with décor and people's belongings. We saw that utilities and facilities are serviced and maintained to ensure they are fit for purpose and safe to use. Maintenance requests are made to Linc Cymru, who respond promptly to fix the issue. Linc Cymru provide domestic and laundry services, and on the day we visited we noted the home was clean and tidy and people's clothes and bedding appeared clean. Fire equipment and alarms are checked regularly, and people's evacuation plans are stored by the fire box in case of emergency.

Leadership and Management

People receive care from a fairly consistent staff team who are familiar with their needs. Many of the care staff have worked at the service since it opened. Recruitment to the home has been successful, however due to long term sickness absence agency staff are being used. These are block booked with people selected by the manager to promote continuity of care. On the day we visited, we observed that staffing levels were such that care staff were generally able to support people in an unhurried way, and had time to sit and engage with them in between tasks. One staff member told us: *“it has been hard, but we all want the best for the people that live here so we try and cover as many of the shifts ourselves as we can”* and *“[the manager] is on it, you can call for her for any problem or mistake and she’ll come and help you sort it out”*.

Care staff are appropriately recruited and vetted prior to starting in their roles. Recruitment checks are completed by the Local Authority Human Resources department, who then present the manager with references and any issues for them to authorise a start date. Disclosure and Barring (DBS) checks are completed during recruitment, and then staff are notified when they are due for renewal. Care staff are appropriately trained and suitably supported in their roles. Since the last inspection, progress has been made in care staff completing required mandatory training, as COVID 19 restrictions have relaxed, and training courses have been made more available. Supervision sessions, which are one-to-one sessions between care staff and their line manager, and annual appraisals, are held as frequently as required.

There are systems in place to monitor the quality of the service being provided. There is currently no nominated Responsible Individual (RI) in post, however the person applying for the role has visited the service and is aware of their regulatory responsibilities. Quarterly monitoring visits have been completed to date by the previous RI, noting feedback from people that use the service, staff, and any visiting family or professionals. A biannual quality of care report has been completed, identify what is working well in the service and what needs to be improved. Core policies and procedures, which guide staff in different aspects of their roles, have recently been reviewed and updated.

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 need to be up to date in mandatory training in order to provide the best possible care.	Achieved

Date Published 31/03/2023