



Inspection Report on

Ty Eirin

**Ty Eirin Care Home
Thomastown
Tonyrefail
Porth
CF39 8EE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

1 September 2022

02/09/2022

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About Ty Eirin

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Harbour Healthcare SW Limited
Registered places	87
Language of the service	Both
Previous Care Inspectorate Wales inspection	12/08/21
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.'

Summary

People appear well cared for and happy at Ty Eirin Care Home. Activities coordinators support people to occupy their day. Plans are personalised and completed in a timely manner but do not always contain up to date information or evidence care is provided in line with these. Medication management requires strengthening to support good practice. Any risks to people's well-being are considered and risk assessments are in place. People receive support to maintain contact with family and friends. Reviews are completed routinely but do not evidence consultation with people and relatives.

There are a range of policies in place to support the running of the service and staff recruitment checks are robust. Overall, care staff feel supported by the management team and staffing levels are appropriate. The service reports notable events and safeguarding concerns. The environment is well maintained and decorated to a high standard. The frequency of training and supervision requires improvement. The service considers peoples Welsh language needs. The six-monthly quality of care reports require improvement to ensure these are completed in line with regulations.

Well-being

The service supports people's emotional well-being and encourages choice. People confirm support is provided in a kind and caring manner. Activities and events support people to positively occupy their day and have things to look forward to. People receive support to maintain contact with family and friends who report the service to be welcoming and approachable. Personal plans outline routines and preferences, and staff understand and follow these. Communal areas are pleasantly decorated, and people have opportunities to personalise their rooms. People can choose where to spend their day, either in the privacy of their own room or socialising in communal areas with others. Welsh language needs are considered, the service has Welsh speaking staff, nominated Welsh language champions, bilingual signage and documentation, and offers people Welsh language activity groups.

People's physical well-being is considered. Overall, we found detailed up to date personal plans and risk assessments in place to support staff to understand individual needs. Timely referrals are made to various health professionals. We noted some records do not always show the completion of daily checks in line with personal plans and therefore require improvement. The overall management of medication is good; however, some areas around administration require strengthening. Staffing levels ensure people's needs are supported in a timely manner. Menus appear varied with consideration given to good nutrition. Reviews are completed in line with regulations but do not evidence feedback from people and their relatives.

People are protected from harm and abuse. Staff are aware of how to identify signs of abuse and understand how to report concerns. Recruitment checks ensure staff are suitable for their role and sufficient staff are in place to support people's needs. Notable events are reported, and policies are in place to support good practice. The frequency of training and access to supervision requires improvement. Maintenance checks are routinely completed to ensure the overall environment is safe and equipment is fit for use. Appropriate infection control measures ensure people remain as well as possible. The service has clear management roles and routine audits are undertaken to monitor practice. The completion of quality assurance reports requires strengthening to ensure these are completed in line with regulations.

Care and Support

People have a positive care experience. Care and support is provided by experienced staff who have a good understanding of the people they support. Staff provide care in a kind attentive manner and all interactions we observed on the day of inspection were positive. We saw sufficient staff levels in place which ensure people receive support in a timely manner. People we spoke with were complimentary about the support they receive comments include:

“They are nice here”.

“They look after me wonderfully well”, “staff are excellent”,

“I have found a family and a home here”,

“They know peoples likes and dislikes and go out of their way to do the little extra things”

A relative we spoke with was very positive about the staff and management team. They report having good communication with the service, feeling welcomed by staff when visiting and receiving regular feedback.

Overall medication management is positive. Medication stocks and controlled drugs are maintained, well managed and correctly documented. We looked at a sample of medication administration records and found overall these were fully completed and contained no gaps or errors. However, we noted one person’s medication had been incorrectly recorded as administered and saw evidence other records had not been maintained to log the application of creams in line with personal plans. We advised the service this is an area of improvement, and we would expect the provider to take action in a timely manner.

Personal plans are in place to outline peoples care and support needs. Overall, plans contain clear information on daily routines, preferences, and people’s backgrounds. Records indicate people receive timely support from external health professionals when needed. We noted one plan had not been updated to reflect an individual’s current needs and found some daily charts were not completed with the frequency outlined within their personal plans. Regular reviews help identify any changes in people’s needs however, more work is needed to evidence people and their relatives are involved in this process. We advised the service these are areas of improvement, and we would expect the provider to take action in a timely manner.

Activities are available and menus are varied. Three activity coordinators are employed to undertake a range of activities which people appear to enjoy. On the day of inspection, we noted people participating in morning and afternoon activities. We also observed staff organizing a forthcoming summer fete, to be attended by those living at the service as well as family, friends and people in the local community. We were informed menus are updated seasonally and viewed the lunch time meal which appeared to be of an adequate standard. Feedback gathered from people living at the service was generally positive, including comments such as *“I can’t fault the food”* and *“they give us lots of food”*. However, some staff members we spoke with felt the variety and quality of meals provided could be improved.

Environment

The service completes the appropriate safety checks. On arrival we found the service to be secure, and appropriate checks were completed to ensure authorised entry. Records show the service maintains an ongoing programme of maintenance and repairs. Appropriate utilities checks ensure people remain as safe as possible. Substances hazardous to health are stored safely and communal areas are uncluttered and free from hazards. Records evidence fire safety checks and personal evacuation plans are completed to outline the support people require in the event of an emergency. We found treatment rooms securely locked to ensure medication is stored safely. Appropriate infection control measures are in place and staff have access to sufficient PPE. Peoples' personal care records are stored electronically and are only available to those authorised to view them. Kitchen and domestic staff report the service has a sufficient supply of materials and equipment to enable them to undertake their roles.

The service is pleasant and homely. The service appears clean, well maintained, and decorated to a high standard. People's rooms are personalised with photographs and personal items from home. The service offers communal lounge and dining areas on each floor of the building as well as a large ground floor communal room to socialise and undertake group activities.

Leadership and Management

Overall care staff feel supported in their roles and robust recruitment checks are in place. Recruitment files we viewed contain the required checks to ensure staff are of good character and hold the necessary skills and qualifications before starting their employment. Newly appointed staff told us they receive a positive induction period with support and training opportunities. Staff report the current manager is approachable and supportive and staff teams work well together. The manager was described as very “*accommodating*” and flexible with rotas.

People receive support from staff who are knowledgeable however the frequency of supervision and training requires improvement. Discussions with staff evidence they have a good understanding around safeguarding and feel able to approach management with any concerns. Overall, staff have a good understanding of key policies and told us they feel skilled in carrying out their duties, receiving regular supervision and training. The training matrix we viewed evidenced not all staff have completed core training, which is essential to ensure staff maintain safe practice. The supervision matrix and supervision records viewed highlighted staff do not receive regular supervision sessions, these are important to support staff development and address policy or practice issues. This was raised as an area of improvement at the last inspection. We have therefore issued a priority action notice to the service and the provider must take immediate action to address this issue.

There are systems in place to support the running of the service. We viewed a selection of policies and found them to be comprehensive and fit for purpose. Staff rotas are well managed and on the day of inspection we found adequate staff on duty. Notable occurrences and safeguarding concerns are reported, and complaints are addressed in a timely manner. Regular checks and audits are undertaken to identify areas of good practice and take action to address any areas of improvement. The completion of six-monthly quality of care reviews are not completed in line with regulations and require improvements. This was raised as an area of improvement at the last inspection. We have therefore issued a priority action notice to the service and the provider must take immediate action to address this issue.

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
80	The quality of care report is not completed at least every six months.	Not Achieved
36	The service does not evidence staff receive core training and supervision.	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
21	Records are not consistently completed in line with personal plans and plans do not always contain up to date information.	New
16	We found no evidence of consultation with people and relatives when undertaking reviews.	New
58	Medication administration records are not always accurately maintained.	New

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