



## 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**

13/01/2023

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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	01/09/2022
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

We undertook an unannounced focused inspection to consider Priority Action Notices issued at the last inspection. These relate to supervision, training, and quality assurance reports.

We found the service has made several improvements. Ongoing training is being received by staff and supervision is undertaken on a regular basis. People told us they are happy with the care they receive and have opportunities to occupy their day. The environment appears well maintained and welcoming. The RI completes quality assurance reports in line with regulations. The management team has a good understanding of their roles and duties which supports the smooth running of the service. Welsh language needs are considered.

## Well-being

Peoples physical and emotional wellbeing is considered. On the day of inspection, we saw sufficient care staff on duty and observed requests being responded to in a timely manner. People appear to have positive relationships with care staff as we witnessed several friendly interactions throughout the inspection. Staff receive ongoing training to ensure they have the skills to support people appropriately. The standard of care provided by the service is considered in the six-monthly quality assurance report.

People have a voice and are encouraged to make choices. People can choose where and how they spend their day. A range of activities are available and people can choose to participate in these if they wish. There are opportunities for people to provide feedback on the care they receive during resident committee meetings and through feedback gathered in the quality assurance reports. The service considers peoples Welsh language needs by providing Welsh language activities and Welsh language documentation.

The physical environment supports people's wellbeing. The home environment is pleasant with bright communal areas and personalised bedrooms, which are homely and inviting. Welsh language signage is in place throughout the building. The standard of the environment is considered in the quality assurance report.

People are protected from harm. Staff receive training to understand their safeguarding responsibilities. Quality assurance reports are completed by the Responsible Individual in line with regulations. Supervision is offered routinely to all staff and the service has clear management roles in place.

## Care and Support

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection visit.

People and relatives feel happy with the standard of care they receive. Comments from people include “*staff are marvellous*”, “*they can’t do enough for you*”, “*I have never been so happy*” and “*I have excellent care*”. People receive support to maintain contact with family and friends. Relatives we spoke with confirm staff are helpful, welcoming and provide regular feedback. We observed sufficient staffing levels to support people in an unhurried manner and found a calm and pleasant atmosphere within the service.

People have opportunities to occupy their day and can provide feedback on the care they receive. One person told us they are part of the residents committee and can offer ideas and suggestions which they feel are taken on board. Another showed us they had recently had their nails painted following a pamper session and told us they engage in regular Welsh language lessons and are learning sign language. We observed activities coordinators available on the day of inspection to support people to occupy their day.

## Environment

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection visit.

The environment is pleasant and safe. On the day of inspection, we found the entrance to the property secure, and our identity checked to ensure authorised access. People's rooms are personalised to reflect individual tastes and preferences. Communal areas and dining rooms are brightly decorated, and we observed people using these spaces to socialise with others. We found documents stored safely and medication rooms securely locked.

## Leadership and Management

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection visit.

Staff receive effective training to support their professional practice and knowledge. Improvements have been made since the last inspection. Training records we viewed evidence, all staff receive appropriate induction and refresher training to help them support people effectively. The service offers a combination of face to face and online training to all staff.

Care staff receive regular supervision. Improvements have been made since the last inspection and the supervision matrix we viewed shows staff receive regular supervision sessions. Evidence shows staff use these sessions to discuss a range of topics including professional development, changes to the service, policies and processes and general wellbeing.

There are robust arrangements in place for the oversight and management of the service. The Responsible Individual maintains appropriate oversight over the quality of care and the effectiveness of the service. We were told by staff the Responsible Individual visits the service on a regular basis. We analysed the last two quality of care reports and found they contain all the required information detailed in the statutory guidance. The manager told us they benefit from the support of two deputy managers who assist with a range of duties.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
80	The quality of care report is not completed at least every six months.	Achieved
36	The service does not evidence staff receive core training and supervision.	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.	Reviewed
16	We found no evidence of consultation with people and relatives when undertaking reviews.	Reviewed
58	Medication administration records are not always accurately maintained.	Reviewed

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