



Inspection Report on

Ty Seren

**Ty Seren
Cefn Styllle Road Gowerton
Swansea
SA4 3QS**

Date Inspection Completed

19/01/2023

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About Ty Seren

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gower Lodge (Swansea) Limited
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	10/02/20
Does this service provide the Welsh Language active offer?	This is a service that does not provide an “Active Offer” of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

Summary

The home has a positive, active atmosphere where people are engaged with care staff who know them well. People are consulted and their rights are respected. People make progress and are managing the gradual changes in their routine well.

Care staff patiently support people experiencing mental health difficulties and are vigilant about changes to their presentation. Overall, people have healthy meals, are taking exercise and are supported to achieve their well-being outcomes.

Some improvement is needed in relation to personal plans and risk assessments to ensure they are accurate and up to date. People feel safe and safeguarding practice is satisfactory. Despite significant staffing shortfalls, the committed team of care staff do their best to take people out into the community for drives or to participate in their favoured activities. Care staff enjoy their work and morale is good.

Overall, the home is safe and clean. Some areas, such as bathrooms require attention and window privacy in some rooms needs to be ensured. People like their home and personalise their own space to meet their individual needs. Improvement is needed to ensure infection control measures are more robust.

Well-being

People have a voice. Care staff are familiar with people's individual and particular communication needs and strive to promote people's involvement in their care. People make choices on a daily basis and care staff respect their decisions. People are consulted at regular house meetings; however, their views are not sought for quality assurance measures.

Care staff support people to be as healthy as they can be. People attend appointments with health professionals and care staff are responsive to their emerging health needs. Meals are wholesome and despite staffing shortfalls, care staff do their best to provide people with activities which promote their physical and mental health. People are making progress and are able to extend their skills and experiences.

People are safeguarded. They are supported by care staff who are suitably trained and knowledgeable about safeguarding. A safeguarding policy is in place and the home's ethos is one of respecting people's rights and ensuring decision making is in their best interests. People communicated to us they felt safe at the home; they see their families regularly and some have advocates.

The home is suitable for people's needs. People like their home and feel safe in it. The environment is adapted to meet their particular needs and there is a balance between private and communal spaces. Regular health and safety processes are followed and the outdoor area provides a valuable, safe space for people to manage their anxiety and relax.

Care and Support

The processes in place for gathering and maintaining people's information require improvement. Initial assessments are undertaken but not all include suitably robust compatibility assessments or updated provider assessments. Files contain people's personal outcomes, some of these are specific and measurable, while others are very broad. Personal plans provide detailed guidance for care staff, however, despite regular reviews they are not updated to provide an accurate reflection of people's current needs. These are areas for improvement and we expect the provider to take action.

People have positive relationships with care staff who treat them with dignity and respect. The care staff we spoke with knew people well, they spoke fondly of them and were able to describe their routines and the best way to work with them, as outlined in their personal plans. People communicated to us that they like their care staff and we observed care staff supporting people with warmth, gentleness and the use of safe caring strategies.

Care staff support people to meet their physical and mental health needs. Records show people are registered with health professionals and attend appointments with the required preparation, as outlined in their personal plans. Care staff are vigilant and they take responsive action to changes in people's presentations which safeguards their health. Overall, people are eating well-balanced meals and their weight is monitored regularly. Despite shortfalls in staffing, people are supported to take part in activities and exercise in the community or to safely spend time in the garden. Care staff follow the advice of clinical staff to support those experiencing mental health difficulties and some people are making significant progress with longer periods of being settled.

People are safeguarded and their rights are respected. Care staff are trained in safeguarding and they know their safeguarding responsibilities. The manager makes safeguarding referrals as needed and takes appropriate follow up action. They ensure DOLs (Deprivation of Liberty) assessments are carried out and care staff receive training on this topic. Some people's risk assessments contain incorrect and generic information and the dates of review are not evident. Incident reports show care staff use the least restrictive measures to support people with distress behaviours.

The administration of medication is satisfactory but an aspect of infection control requires improvement. There is an infection control policy in place and a suitable laundry system to reduce the risk of infection. On the day of inspection, there was no hand soap available for those people unable to have it in their own bathrooms for safety reasons. This is an area for improvement and we expect the provider to take action. Medication administration records are completed according to the service's policy but some signatures are unclear and could be confused with the coding system used. The service provider is taking action to address this.

Environment

The home is meeting people's needs but needs some attention in certain areas. The home is suitably decorated throughout, the communal lounge has a homely feel to it with comfortable sofas, soft furnishings and curtains. The larger lounge/dining room contains an internal route into the kitchen and the office attached to it; consequently, it can be a busy area at times but we were advised people like spending time in it. People's bedrooms and flats are personalised and furnished according to their individual needs. The privacy of some people who are unable to tolerate window dressings is not assured and attention is needed to ensure all windows are free from mould and all radiators are clean and presentable. This is an area for improvement and we expect the provider to take action.

The kitchen has been refurbished and is clean and well-stocked. Two large fridge freezers mean people with specific dietary requirements can be assured their food is appropriately stored. Some bathrooms have been recently refurbished and overall, bathrooms are clean but some have ingrained stains on the flooring and mould in between the tiles, which need attention. This is an area for improvement and we expect the provider to take action.

Overall, the home is safe. On arrival we were asked for identification and to sign the visitor's book. Recent records show most of the fire safety checks are completed within the required timescale and fire drills are carried out regularly, however, the length of time taken to complete the drills is not included in the record. People have suitably formatted fire procedures on the door in their rooms. A range of health and safety checks are carried out, as are regular health and safety audits. The staff room is also used to store equipment and requires development to provide a more inviting, relaxing space.

The outdoor area provides a safe space for people with a basket swing and two smaller broken swings which are in the process of being repaired. The small, paved garden areas leading from some people's flats look bare and uninviting, although we were told they would shortly be cleaned and developed to provide suitable, relaxing spaces. The metal electronic gate is kept closed but the internal, wooden gate was open on arrival. The manager advised the wooden gate is closed when people are coming out to use their cars.

Leadership and Management

The service provider ensures there is suitable information available about the service. The statement of purpose (SoP) is regularly updated and overall, it reflects the service we saw. People have suitably formatted guides to the service and the complaints procedure which are shared with them at house meetings.

People cannot be assured they are supported at all times by a sufficient number of suitably trained, experienced, skilled care staff to meet their needs and keep them safe. About a third of care staff are qualified, the remainder are either completing their qualification or are in their probationary period. There is an ongoing recruitment process for new care staff with some in the pipeline awaiting checks and induction. Staffing numbers were more robust earlier in the year, however, following some staff turnover, recent rotas show consistent, sometimes, significant shortfalls in staffing, with weekends particularly being affected. Team leaders are almost always in the numbers and the use of mainly consistent agency care staff has increased. Despite this, daily diaries show the committed team of care staff work together to try and ensure people get out into the community or participate in some enjoyable activities. These shortfalls, however, do mean that a consistent approach to support people to achieve their well-being outcomes or to try new activities is not ensured. It also poses potential risks to people's and care staff's safety and well-being. This is an area for improvement and we expect the provider to take action.

Records show care staff are safely recruited with DBS (Disclosure and Barring Service) checks and references being undertaken. However, we did not see evidence of references being verbally verified. Almost all care staff are trained in the required core areas and they also undertake other relevant training. They are regularly supervised and attend team meetings. The staff we spoke to describe a good team spirit and morale and approachable, supportive managers.

Quality assurance measures are in place but not all meet regulations. The responsible individual undertakes regular visits to the home where they consult people, care staff and stakeholders; carry out a range of checks and identify follow up actions for the manager to complete. A range of audits are carried out by the service provider with high compliance being achieved by the home. The six-monthly quality of care reports do not evidence consultation with people living at the home and their content needs to be more focused, structured and accurate. This is an area for improvement and we expect the provider to take action.

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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16	Personal plans are not reviewed within regulatory timescales and are not updated to reflect changes in needs.	New
18	Provider assessments not always completed or updated regularly.	New
56	Hand soap not available for all people.	New
34	The service provider has not ensured there are at all times a sufficient number of care staff to meet people's needs and keep them safe.	New
44	The home is not fitted and maintained to fully meet people's needs.	New
80	The quality of care reports do not evidence consultation with people living at the home .	New

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