



Inspection Report on

Ty Gwernen

**Ty-gwernen
Sunnyview
Blackwood
NP12 0AL**

Date Inspection Completed

16/10/2023

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About Ty Gwernen

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Enable Care Services (South Wales) Ltd
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	1 st and 3 rd of August 2023
Does this service promote Welsh language and culture?	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 Gwernen supports seven individuals with mixed needs. Significant improvements have been made since our previous inspection which has enhanced people's wellbeing. Personal plans have been revised and are more reflective of people's needs and outlines what is important to them. An increase in activities and keyworker engagement has enhanced people's emotional wellbeing. People are offered regular opportunities to give feedback about the day to day running of the service, which is listened to and acted upon to aid continuous improvement.

Safeguarding procedures are more robust. People live in a safe and positive environment and are not deprived of any rights unnecessarily. People are supported by suitably trained care workers who know how to report a safeguarding concern appropriately.

Quality and governance arrangements are more robust to support a smoother and more effectively run service. The presence of a temporary manager has provided stability and additional support for people and care workers. The Responsible Individual (RI) has an increased presence and oversight has improved, but better documentation of service visits and the completion of a Quality of Care review is still required. At the time of our inspection there was no permanent manager at the service which may impact upon the sustainability of positive changes made.

Well-being

People have control over their day-to-day lives. Personal plans have been re-written with people and their representatives to include what is important to them. Detailed communication plans are used to ensure people can be understood and listened to. Consistent resident meetings have been established to capture people's thoughts about the everyday running of the service. This feedback is used to enhance people's wellbeing; feedback about menu, décor, and activities choices have been considered and acted on in recent months. The Responsible Individual (RI) regularly asks for feedback from people but is yet to complete a Quality of Care review which considers outcomes of engagement with people and makes recommendations for further improvement to the service.

People's physical and emotional wellbeing is promoted. Personal plans and risk assessments focus on how to keep people safe and healthy. Personal plans have been revised to be more reflective of people's health and wellbeing needs. Relevant health referrals have been made to ensure people get the right care and support as early as possible. More robust safeguarding procedures help to keep people safe.

People are happy with their care and support. Throughout our inspection, we observed care workers treating people with dignity and respect and taking the time to engage with them in a meaningful way. We spoke with people, care workers, and other stakeholders who all stressed numerous positive changes since our previous inspection. Care workers highlighted how improved staff morale has had a positive impact on care delivery and atmosphere of the service. External care professionals told us people seem happier and more engaged. People offered positive feedback about changes to staffing arrangements; one person described care workers as "*good as gold.*"

There is an added emphasis on supporting people's social well-being and encouraging people to integrate into their community. A newly established activities coordinator organises suitable activities for all people at the service, which includes both community and home-based activities. Outdoor activities have seen people attend music concerts and arts and crafts clubs, which has enhanced their community presence. Regular in-house entertainment is also sourced for people who may find it difficult to access the community. People told us they have enjoyed the increase in activities and community access.

Care and Support

Care and support is delivered in-line with people's personal plans, which have been improved since our previous inspection. Personal plans are co-produced with people to reflect what is important to them. Finer details reflecting how people like their care delivered, i.e., personal care needs, have been added to promote person-centred and dignified care. Comprehensive communication plans are used for people who have different communication abilities, so they are understood and listened to. Health needs are accurately detailed in plans, and risk assessments are more robust. Positive behaviour support plans are used for people who need support managing their emotions.

Medication is safely managed and administered by appropriately trained care workers. Relevant medical advice and referrals are sought in a timely way to ensure people are receiving the right care and support as early as possible. People are offered a range of quality food to promote their physical health. People told us the quality of food has recently improved.

People are consistently asked for feedback about their care and support needs. Regular resident meetings provide an open forum where opinions and thoughts about the day-to-day running of the service can be shared. A new activities coordinator arranges suitable activities based on people's feedback. Activities are appropriate based on people's needs and abilities. People and their representatives spoke of a more positive environment within the home.

People are safe from harm and unnecessary risk. Safeguarding procedures have been strengthened since our previous inspection. All care workers have been reminded how to raise a safeguarding concern, and all have undertaken appropriate safeguarding training. The importance of safeguarding principles have been reinforced at care worker supervision meetings. People have been reminded of their right to make a complaint. Peoples' concerns are investigated appropriately and in-line with safeguarding guidance.

Robust infection control processes are in place. The home is clean and new cleaning schedules are being developed. Personal protective equipment (PPE) is available for care workers to use.

Environment

We did not consider this theme in full but note significant improvements to the environment. Communal areas have been decorated and furnishings have been replaced to create a more homely feel. Excessive lighting has been removed from the dining area to create a more relaxed atmosphere. Windows have been replaced and fences have been painted to improve the building's exterior. One person told us they enjoyed helping paint the fence. A renovation schedule is ongoing to further improve the service's environment. People have been asked their preferred colour schemes for their bedrooms which are due to be redecorated.

Leadership and Management

People are provided with accurate information about the service. The Statement of Purpose (SOP) has been updated to reflect the service provided. The presence of a temporary manager has provided stability for the service, and significant improvements have been made. More robust quality and governance arrangements support a smoother and more effectively run service, which enables people to achieve personal outcomes. However, without the presence of a permanent manager, the service is at risk of becoming unstable. We have identified this as an area for improvement.

People and care workers told us the Responsible Individual's (RI) presence at the service has increased over the last couple of months. People and care workers feel well supported by the RI, who seeks regular feedback which they use to shape the continued development of the service. The temporary manager and new deputy manager are appropriately supervised and supported. The RI has made effort to strengthen safeguarding processes and has taken positive steps to develop a culture of openness and candour. However, the RI has not complied with their regulatory duty of completing a Quality of Care report. This is something we expect the RI to take action to complete.

Care workers are safely recruited. Care workers told us they are happier in their roles and that team morale has improved. Care worker training statistics have significantly improved; care workers are suitably trained and have the right skills to safely carry out their roles.

Care workers told us they feel well supported by the temporary manager and RI. The quality and consistency of care worker supervision has improved. Care workers are consistently asked for feedback about the service and about people. Team meetings are more regular. Care workers offered positive feedback about changes to the service in recent months. One care worker told us *"There has been such a massive improvement in such a short space of time."*

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
6	The service provider should have clear arrangements for the oversight and governance of the service to ensure best possible outcomes for people.	Achieved
66	The RI should have sufficient processes in place to enable proper oversight of the service.	Achieved
26	The provider needs sufficient processes and procedures in place to protect people from abuse and improper treatment. This includes serious incidents/allegations being dealt with appropriately and improved training statistics.	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
80	More robust processes should be established by the RI to ensure appropriate oversight of the care and support provided by the service.	New
67	It is the RI's responsibility to appoint a suitable manager to oversee the service. There is currently no permanent manager at Ty Gwernen.	New
44	The provider should ensure the service is homely, clean, and free from hazards.	Achieved

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