



Inspection Report on

Ty Dyfan

**Ty Dyfan
St. Brides Way
Barry
CF63 1DU**

Date Inspection Completed

07/02/2024

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About Ty Dyfan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Vale of Glamorgan Council Adults and Children's Services
Registered places	27
Language of the service	English
Previous Care Inspectorate Wales inspection	04/01/2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Ty Dyfan care home can accommodate up to 27 residents. This inspection was unannounced. Marijke Jenkins is the responsible individual (RI) for the service. The home has a suitably qualified manager who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement.

There are enough staff on duty to provide prompt assistance, and arrangements are in place to cover any future shortfalls. Staff receive training to ensure they are able to meet people's needs effectively. Wherever possible, staff tailor each aspect of care delivery to people's wishes and preferences.

People live in accommodation which is suitable for their needs. The home is clean and infection control measures are in place. The environment is fit for purpose and there are various communal areas for people to spend time.

Management demonstrates appropriate oversight of the service, aided by audits and policies with the RI visiting on a regular basis as required. Policies are up to date and reviewed. Safe staff recruitment practices ensure staff are appropriate and fit to work at the service. There is oversight of staff supervision and training carried out. Appropriate care documentation is in place although, we identified where improvements are required to ensure documentation is up to date regarding any changes in people's health needs, risks, and reviews.

Well-being

People experience positive relationships with care staff. We saw staff interacting in a kind and friendly manner throughout the inspection visit. Care staff responded promptly to people's needs and provided reassurances and support when needed. We saw people are well-presented and observed people happy and engaging in activities or spending time with others. There are no activity coordinators employed at the home, on each shift staff facilitate activities on an ad hoc basis. External visits such as singers, animal visits and trips are being carried out and we saw a schedule of planned activities for the coming month. People told us that they feel happy living at the home and that staff are caring and kind.

People are protected from harm and the entrance to the home is secure. There are two floors to the home each accessible via a passenger lift or separate stair lift. We saw the large garden areas are well maintained and pleasant. People told us they enjoyed spending time outside in the warmer weather and told us about the resident rabbit which people enjoy watching and gives the service a homely feel. People benefit from updated facilities at the home which has been carried out as part of a scheduled refurbishment. The home is clean and fresh throughout, evidencing an investment in an environment that reflects people's worth. Environmental arrangements for fire safety and general maintenance are in place. Care staff are up to date with safeguarding training which is supported by an up-to-date safeguarding policy. Mandatory training has been carried out or dates for future training planned.

People's individual needs and preferences are considered at the service. Although we saw documentation has improved, we identified that further improvements are required to ensure people's individual needs reflect their personal plan, and care and support adapted to their situation. Documentation supports the delivery of care and support, although some risk aspects must be reviewed to ensure information is up to date and reflective of the needs of people living at the home. This serves to ensure care is person centred and continues to meet people's wishes and expectations. There is documented evidence in care files of support from other professionals such as GP, dietician, and optician. The RI told us the matter would be addressed immediately.

People have a good choice of meals to suit their nutritional needs and preferences. Kitchen staff have a good understanding of people's likes and dislikes. The service has a hygiene rating of five (very good) from the Food Standard's Agency. People's dining experience is overall a sociable time which people enjoy. The dining area is pleasant, and we saw people sitting spending time and chatting.

Care and Support

People's choices are promoted. Care staff show good knowledge of people's wishes, needs and how to respond to them. People mostly receive appropriate person-centred care. Risk assessments and reviews require improvements to ensure information following an incident/accident is captured to identify vulnerabilities for the individual and set out ways to keep people safe. This includes information collated to inform staff how to support and care for people with any additional care needs effectively.

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files showed referrals and contact with various health professionals. We saw these referrals were made in a timely manner. The service has a safe system for medication management and recently reverted back to a paper system. However, we identified areas that required improvement in the medication administration records (MARs) which was immediately addressed. People receive their medication as prescribed, and we saw medication is securely stored and audits carried out to make sure medication is stored and administered safely and to identify any areas for improvement.

Care staff know the people they support well and some staff told us they had worked at the home for many years. People's choices are promoted, for example regarding meal and snack options. We saw care staff interact with residents in a friendly and respectful manner and show good knowledge of people's wishes, needs and how to respond to them. People are supported to spend time doing some meaningful activities and choose and get involved in the activities they like. For example, afternoon tea, painting, and singers attend the service regularly.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they feel safe and secure living at the service. Records we saw evidenced staff had received safeguarding training. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse, and neglect. The staff team told us they understood the importance of reporting concerns and that they feel able to approach the manager with any issues or concerns and feel extremely well supported. Care staff are visible, and we found there to be appropriate oversight of staffing arrangements. There is currently a recruitment drive in place with agency care staff used for any staffing shortfalls during this time. The manager told us that the same agency was used to provide continuity of care with regular care staff.

The service promotes hygienic practices and manages risk of infection, such as cleaning schedules. The service has an infection control policy and procedures in place. Discussions with care staff confirmed they are aware of the infection control procedures, and we saw them wearing appropriate personal protective equipment (PPE) when appropriate.

Environment

People have a sense of belonging. The home offers several small communal areas for people to sit and enjoy with others or spend time alone. Bedrooms are personalised with items of people's choice and personal belongings. There is a pleasant dining area with good access and egress for people with mobility needs. We saw the gardens were well maintained and pleasant and people told us they enjoyed spending time outside in the warmer weather. People are cared for in a clean and homely environment. We saw the reablement unit had re-opened at the service and saw people taking part in various activities.

People are safe, the home is secure with a keypad system in place and visitors must ring to gain entry. There are two floors to the home each accessible via a passenger lift or additional stair lift. The home offers suitable accommodation for the residents and the management has shown a commitment to developing and improving it for their benefit. When we spoke with people, they were complimentary about the home and told us they enjoy spending time in the lounge areas chatting and enjoy spending time in the large dining area.

Management oversees the home's health and safety requirements. From our walk-around we noted window openings that may pose a risk to residents are secure. Staff carry out regular safety checks and we saw each person had an up-to-date personal emergency evacuation plan (PEEP) in place. There is a fire risk assessment and care staff have training in fire safety and manual handling with all current training up to date. The service provider identifies and mitigates any risks to health and safety. We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. The home has a visitor book in accordance with fire safety arrangements and visitor identity checks are undertaken. We saw all safety checks in relation to gas installation, electricity and safety records were satisfactory and up to date. All confidential files including care and staff files were stored securely in lockable areas.

People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection. There is oversight to ensure staff follow the correct infection guidance.

Leadership and Management

People have access to information. A statement of purpose (SOP) is available which accurately reflects the service's vision. People have opportunities to express their views and lodge complaints. The home has a complaints policy in place informing people how to raise any concerns formally. Residents can be confident that the home is operated with their best interests at the forefront of care provision.

People can be assured that staff are safely recruited, supported and trained for the roles they undertake. We looked at the agency staff recruitment files and saw they contained all the pre-employment checks required in respect of any person working in regulated services. As the recruitment files of care staff are stored at the Local Authority offices, we will follow this area up further at the next inspection visit. Staff receive formal one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development and/or any concerns they may have. We were told that staff training was up to date which included safeguarding of vulnerable adults, infection control and manual handling. We spoke with staff during our visit who told us, "*The manager is really very supportive,*" "*the training is sufficient,*" "*I really enjoy my job here.*" We observed the daily handover which ensured pertinent information is shared between care staff at shift handover. However, we discussed where this area could be further improved to include updates on any person being admitted or returning to the service following any absence i.e. hospital admission.

People can be confident management monitors the quality of the service they receive. Systems and processes help promote the smooth running of the home. Management oversees incidents, accidents, and complaints. The home carries out internal audits to monitor standards and practice. We looked at some key policies and saw they are up to date and reviewed. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles. There are day-to-day management measures in place to ensure systems and process are continually reviewed to enable them to identify where quality and/or safety is being or may be compromised and to respond appropriately without delay. The RI told the issues identified during the visit would be addressed immediately.

Staff meetings take place on a regular basis for management and care staff. The manager is visible and described by staff as "*supportive*" and "*approachable.*" The RI visits the service as required and we viewed the recent three-monthly quality monitoring report which contained all the required information.

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
15	The provider must ensure a personal plan for the individual which contains all the required information.	Not Achieved

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