



Inspection Report on

Ty Dyfan

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

Date Inspection Completed

04/01/2023

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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	17 August 2022
Does this service provide the Welsh Language active offer?	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.

People receive support from a friendly staff team. There are sufficient staff on duty to provide prompt assistance and staff deliver care that meets people's needs. People live in accommodation which is suitable for their needs. Management demonstrates appropriate oversight of the service, aided by audits and policies, and urgent improvements previously identified have been addressed. Policies are up to date and reviewed. Appropriate care documentation is in place and there are measures to safeguard residents. However, improvements are required to ensure documentation is up to date regarding any changes in people's health needs, risks, and reviews.

Consideration must be given to improve activities and support in accordance with people's interests and wishes. There is oversight of staff supervision and training. There is generally appropriate governance of the home together with a commitment to continuous improvement and development.

Well-being

People mostly have a voice to make choices about their day-to-day care. We saw staff respond promptly to people's needs throughout the visit. Care staff value and respect the preferences of each individual and encourage independence wherever possible. 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 needs and expectations.

People are generally protected from harm and the entrance to the home is secure. Environmental arrangements for fire safety and general maintenance are in place. The provider has carried out refurbishments and the home is clean and fresh throughout, evidencing an investment in an environment that reflects people's worth. 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 mostly benefit from one-to-one support with social activities of their choice however further improvements could be made. There are no activities coordinators employed at the home. Instead, staff, each shift, carry out activities on a mostly ad hoc basis. External visits such as singers and trips are being carried out. People told us that they feel happy living at the home and that staff are helpful and kind.

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 home has been awarded a 5-star (very good) food standards agency rating. People's dining experience is overall a sociable time which people enjoy. The dining area is pleasant, and people like to sit and socialise.

People mostly receive support that promotes their physical and mental health. Documentation has improved. However, further improvements are required to ensure people's individual needs reflect their personal plan, and care and support adapted to their situation. There is documented evidence in care files of support from other professionals such as GP, dietician, and optician.

Care and Support

People living at the home engage in positive and meaningful interactions with care staff. Conversations are happy and friendly and care staff understand the preferences of the people they support. During our visit, we spoke with individuals who told us care workers are supportive and helpful. Care staff undertake daily handovers to ensure important information is shared between staff at shift handover. There are appropriate numbers of staff available, and we saw care staff interact with residents in a kind and respectful manner.

People's choices are promoted, for example regarding meal and snack options. 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 are carried out routinely or as required following an incident, to identify vulnerabilities for the individual to set out ways to keep people safe. Care staff mostly maintain accurate up to date care recordings, which reflect people's current needs and events. Documentation at the home has improved but needs further improvement and structure to ensure important information is captured and acted upon. This includes information collated to inform staff how to support and care for people with any additional care needs effectively.

Care and support records show that referrals are appropriately made in a timely manner to the relevant health and care professionals when required. We saw evidence of consultations with the GP, dietician, and optician. Wherever possible the professionals involved records in the person's file any changes in treatment or in the care they wish staff to deliver; staff in turn are required to update the relevant care documentation. However, we identified instances where the personal plans had not been updated to reflect whether there had been any improvement or deterioration in the persons condition. Furthermore, we found instances where information was missing from the care documentation which we brought to the attention of staff immediately. We were told this matter would be addressed immediately. We have been contacted by the responsible individual following our visit who informed that documentation is complete and discussions with staff are to be held regarding this incident.

People benefit from care staff who know the people they support well, therefore they can mostly recognise any deterioration in health and well-being, and act accordingly. People can participate in some social activities within the home if they wish. There is no schedule of activities available or timetable of weekly planned activities within the home. Several people living at the home told us they enjoy the activities taking place and we saw people enjoying the visiting singer and participating in the Christmas singalong.

The provider has ensured that there are systems and processes in place to enable proper oversight of the management, quality, safety, and effectiveness of the service. We highlighted some additional matters which they should consider. However overall, there is appropriate oversight of the service in place.

The provider has met compliance with all areas where priority notices were issued at the previous inspection.

Environment

Management oversees the home's environmental health and safety requirements. From our walk-around, we noted window openings are secure, we saw call-bells and sensor mats in place throughout where required. Fire safety checks are carried out and residents have personal emergency evacuation plans in place (PEEPs). We spoke with maintenance who provided us with documentation of all the required testing carried out and appropriate certificates of inspection. Two bathrooms on the first floor which were previously unsuitable for use have been repaired and maintained. The service's Statement of Purpose has been updated to reflect this. The home provides facilities which enable a bathing experience for people to enjoy if they wish to do so.

People have a sense of belonging. The home offers several communal areas for people to sit and enjoy chatting to others or spend quiet time, set over two floors. Bedrooms are personalised with items of personal choice and personal belongings. There is a pleasant sitting area at the entrance to the home which opens onto the gardens. This area gives the home a pleasant feel and where people can spend time in the warmer weather. There is good access and egress for people with mobility needs. The entrance to the home is secure and visitors must ring to gain entry. At this time staff are requesting evidence of a negative LFT Covid-19 test or be prepared to self-test on arrival and requested the use of facemasks as a precaution. The home has received a food hygiene rating of 5 (indicative of 'very good' kitchen hygiene practices).

Infection control practices at the home are in place. Appropriate sanitisation and personal protective equipment (PPE) are available at the entrance and throughout the home if required. People are cared for in a clean and homely environment. There are two floors at the home, accessible via a passenger lift or additional stair lift. The home offers suitable accommodation for the residents and the provider has shown continued commitment to developing and improving it for their benefit. We saw staff undertaking cleaning duties throughout the visit and found the home to be clean and generally well-maintained. 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 dining area.

The maintenance person is responsible for carrying out repairs and audits ensuring areas are clean and safe. Areas identified as needing attention are addressed immediately.

All confidential files including care files are stored securely in lockable areas.

Leadership and Management

Systems and processes are in place to ensure the smooth running of the home. During the visit, the deputy manager was present, and the responsible individual arrived at the end of the visit in the managers absence. Care staff undertake daily handovers to ensure pertinent information is shared between staff at shift handover. Agency staff have not been required for some time due to the low numbers of people living at the home.

Care staff told us they feel supported and valued by the service's manager. Due to the pandemic, management told us some training was being undertaken online but that face-to-face training has now been recommenced. Staff told us they are up to date with mandatory training and the manager has a matrix report to evidence this. The service has a head injury protocol in place as requested at the previous inspection which includes the action to be considered when there is an unavoidable delay in emergency services responding and which encourages the first aider on duty to test and record the basic levels of consciousness.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide informs people how to raise their concerns formally. Residents can be confident that the service is mostly operated with their best interests at the forefront of care provision

There is evidence the responsible individual engages with individuals and residents on a regular basis and a copy of the residential consultation provided. 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. This is regarding identified risks and the appropriate management of identified risk.

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
57	The service provider has failed to ensure that any risks to the health and safety of individuals are identified and reduced as far as reasonably practicable.	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
15	The provider must ensure a personal plan for the individual which contains all the required information.	New
60	The service provider has failed to notify the service regulator of events specified in Parts 1 and 2 of Schedule 3.	Achieved

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