



Inspection Report on

Ty Dewi Sant

**Ty Dewi Sant Residential Home
Myrtle Close
Penarth
CF64 3NQ**

Date Inspection Completed

18/05/2023

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About Ty Dewi Sant

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Vale of Glamorgan Council Adults and Children's Services
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	11 March 2019
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 Dewi Sant Care Home can accommodate 33 residents with residential and personal care needs. This inspection was unannounced. There is a manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirements. Marijke Jenkins is the responsible individual (RI) for the service.

People receive appropriate care and support from a friendly staff team. There are sufficient staff to provide care and assistance with suitable arrangements in place to cover any staffing shortfalls. People live in an environment which is suitable for their needs. Activities and support in accordance with people's interests and wishes are carried out daily although there are currently no activity coordinators employed at the home.

The management team are visible and engaged in the day-to-day running of the service. Systems are in place to ensure the quality of care and support are provided. Care documentation reflects the care and health needs of people living at the home but we identified areas where improvements are required.

The home environment is secure. People are consulted about the care and support they receive. Processes are in place to reduce the risk of infectious diseases being spread throughout the home.

Well-being

People have positive relationships with staff and are supported to achieve their personal outcomes. Care and support is personalised to enable people to achieve their personal outcomes. People told us they are happy at Ty Dewi Sant and enjoy positive relationships with staff. Comments included *“Staff are wonderful to us here”* and *“I enjoy living here, we are all like a big family, staff are the best things on two legs”*. Care staff are happy and enthusiastic about working at the service. Comments included *“I love my job, we are well supported here”* and *“we are a good team, we all work well together here”*.

People are safeguarded and protected from harm. Care staff are trained in safeguarding and have policies and procedures to guide them. Appropriate recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. There is a good recruitment process. We saw applications were made, and records in place, in relation to Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support. The service makes safeguarding referrals when required and notifies CIW of notifiable events.

Whenever possible, people are supported to have control over their day-to-day life. People follow their own routines each day with support and encouragement from the staff team. The care staff we spoke with were familiar with people’s individual preferences and these are recorded in people’s care documentation. People we spoke with told us their views and opinions are listened to and they can raise any concerns with the staff team or management.

The service is suitable for the needs of the residents and management ensure it is a safe place for people to work, live and visit. Management oversees the training and supervision needs of the staff. Team meetings take place specific to each worker’s role. The provider demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose.

People are safe and receive appropriate care and support. Their wishes and aspirations are considered, and care staff demonstrate a friendly approach. Care documentation supports the delivery of care and support although we identified where improvements are required. Measures are in place to promote good standards of practice throughout the home. The home carries out audits to help monitor standards and practice. Management shows good oversight of incidents, accidents, complaints and safeguarding matters. A statement of purpose is available which reflects the service.

Care and Support

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files evidence referrals and contact with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by staff and management.

Care staff interact with residents in a friendly 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's preferences and aspirations are documented. Personal plans reflect people's current needs and desired outcomes. Documentation is reviewed within the required timescales and there are systems in place to ensure people are involved in the review process whenever possible. However, we saw care documentation required improvement which we discussed with the manager who told us the matter would be addressed immediately. People we spoke with are happy with the care and support being provided. We spoke with one resident who told us *"I am very happy here, staff are very kind, we want for nothing here"*.

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 felt safe and secure living at the service. Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available and under review which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Records we saw evidence staff have received safeguarding training.

The service has systems in place for medicines management. People receive their medication as prescribed by staff who are trained in how to administer medication safely. We partially observed the administration of a medication round by care staff and saw this to be safely carried out. All the required checks are carried out daily in relation to fridge temperatures and we saw the medication room to be neat and well organised. The service promotes hygienic practices and manages risk of infection. We saw staff wearing personal protective equipment when required.

People have a good choice of meals to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed a calm, social time for people to enjoy, in various areas throughout the home where people chose to eat. The chef told us of people's dietary requirements and had a good understanding of people's likes and dislikes. The home has achieved a score of five (very good) food hygiene rating. We saw drinks and snacks offered throughout the visit. We saw care staff are readily available, attentive and recognise people's needs and how to respond to them.

Environment

People have a sense of belonging. The home offers several small communal areas for people to sit and enjoy time with others or spend quiet time. Bedrooms are personalised with items of people's choice and personal belongings. There is a large dining area and garden areas which gives the home a pleasant feel and where people can enjoy spending 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.

People are protected from environmental health and safety risks. The home offers suitable accommodation for the residents and management has shown a commitment to developing and improving it for their benefit. There is oversight to ensure staff follow the correct infection guidance. We found call bell checks are carried out and call bells available throughout all areas of the home.

Management oversees the home's health and safety requirements. From our walk-around, we noted window openings that may potentially pose a risk to residents are secure. Staff carry out regular safety checks and people have emergency plans (PEEPs) 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. Environmental audits to ensure areas are clean and safe are carried out daily/weekly and any shortfalls addressed immediately.

We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. 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. Various fire-related safety checks are carried out. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

We observed people throughout the visit, sitting in the dining areas, chatting, carrying out various activities including most residents planting in the garden and enjoying the warmer weather.

Leadership and Management

Systems and processes help promote the smooth running of the home. Management carry out internal audits to monitor standards and practice. Daily staff handovers ensure pertinent information is shared between staff at shift handover. 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.

People have access to information. A statement of purpose (SOP) is available which accurately reflects the service's vision. This is an important document, which should outline the home's philosophy of care. The document demonstrated that the home has a focus on promoting, "choice, independence and dignity" and we found that the home seeks to put these values into practice. Policies and procedures are accessible to staff and provide guidance and information to support them. We looked at some key policies and saw they are currently under review.

The manager and deputy manager has a visible presence in the home and was described by staff as "*extremely supportive*", "*marvellous*" and "*approachable*". Staff we spoke with told us they felt able to discuss any concerns they may have with the manager or management team. The staff team feel supported and have access to regular team meetings, receive regular supervisions and an annual appraisal. This ensures staff receive feedback on their performance and support to identify areas for training and development in order to support them in their role.

People can be assured that staff are competent to undertake their roles and there is a robust recruitment process. We looked at two staff recruitment files which were requested via a link from the Local Authority offices and noted they contained all the pre-employment checks required in respect of any person working in regulated services. We did note one recruitment file did not contain an up-to-date Disclosure and Barring Service (DBS) certificate which we discussed with the manager who dealt with the issue immediately and produced the up-to-date certificate.

Systems are in place by the RI to monitor the quality of the service provided on an ongoing basis, to further develop and improve the outcomes for people who live at Ty Dewi Sant. The RI visits the service as required and engages with staff, stakeholders and residents. They demonstrate oversight of resources and we saw a quality-of-care review which has been completed as required.

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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15	The provider is not compliant because they failed to provide a personal plan which sets out the steps to mitigate any identified risks to the individual's well being.	New
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