

Inspection Report on

Tyn Y Coed Residential Home

Big House Front Street Milford Haven SA73 1JT

Date Inspection Completed

19/05/2022



About Tyn Y Coed Residential Home

| Type of care provided | Care Home Service |
|--|-------------------------|
| | Adults Without Nursing |
| Registered Provider | Tyn Y Coed Care Limited |
| Registered places | 9 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | |
| Does this service provide the Welsh Language active offer? | Working towards. |

Summary

People say that they feel happy and settled within the service. They appear to be relaxed and confident with care staff. Staff recruitment checks are robust and sufficient staffing levels are in place. Infection control measures are of a good standard and staff use personal protective equipment (PPE). People can positively occupy their day and are supported to maintain contact with family and friends. The environment is secure and well maintained and benefits from ongoing improvements.

Staff receive regular supervision and training and policies are up to date. The Responsible Individual (RI) maintains regular contact and demonstrates good oversight of the service. Feedback from staff is positive and care workers report that they feel well supported by the management team.

Well-being

People living in Ty'n y Coed said that they are happy with the care and support they receive and relatives whom we spoke with feel their family members are well supported. The service has a programme of activities in place and people told us they are encouraged to participate in these. People can interact with others in the various communal areas and receive support to keep in touch with family and friends. Routines and preferences are considered and people have control whenever possible over decisions such as diet, activities and daily schedules. The RI has good oversight and considers the quality of services received.

The service considers people's physical and mental health. There are sufficient staff numbers to ensure people have the right care at the right time. Medication is well managed and referrals are made to health professionals when required. Meals provided are of a good standard with sufficient portions and a wide choice. Personal plans are person centred and contain pertinent information which is easy to locate. Reviews are completed in a timely manner and changes in people's needs, and consequent care plans, are documented. People and their representatives are considered during the reviewing process.

The service protects people from abuse and neglect. Care staff spoken to were able to describe the steps which they would take if they suspected abuse had taken place. There are clear safe visiting arrangements and infection control measures in place. A range of policies and procedures are used to protect people. Care staff are recruited in a safe manner and supervision is offered on a regular basis. Care staff receive training in core areas as required. Additional training is provided in areas such as positive behaviour management, dementia awareness and epilepsy care to ensure that the changing needs of people continue to be met. Potential safeguarding incidents are shared with external agencies in a timely manner. Personal plans record actions taken to address potential risks. Feedback from staff is positive with all care staff spoken to saying they enjoy working at the service and that they feel well supported by the management team.

People live in a pleasant and homely environment. The service undertakes appropriate security and fire safety checks to make sure people remain as safe as possible. On arrival we found the entrance to the service secure. The environment is well decorated and maintained to a good standard and bedrooms are personalised to individual tastes. There is an ongoing programme of maintenance and repairs to ensure the environment remains at a safe standard.

Care and Support

People say they have good relationships with care staff and benefit from having things to look forward too. People appear very comfortable with the care staff at the service and we witnessed relaxed and confident interactions taking place. The service offers meaningful activities to occupy people's time and caters to people's individual preferences and interests. We were able to observe some of these activities taking place on the day of our inspection, for example, people were making bunting for the forthcoming Queen's Jubilee celebrations, others showed us the ducks, chickens and young chicks they were caring for. People were very proud to show us their cars, the sound systems in them and how clean and tidy they kept them. We saw staff responding to requests in a timely fashion and observed them approaching people in a kind and caring manner. We spoke to people and relatives who were complimentary about the care provided. People living at the service told us care staff are "very nice and friendly" while another stated staff are "brilliant".

Daily records detail activities, people's mood and physical wellbeing, dietary intake, mobility, and behaviour. Personal plans hold information on people's background and preferences. The service ensures deprivation of liberty applications are made in a timely manner. Personal plans are person centred, up to date and contain the relevant information in order for care workers to provide the right care and support for people. Review documentation shows the service seeks feedback from people and their relatives and reviews are completed with the required frequency.

People's physical and mental health is considered. Any behaviours that may challenge are understood and appropriate support is put in place. Mealtimes are a positive experience. People told us the food was of a very good standard and there is a wide choice of meals available. People are encouraged to participate in shopping for and preparing meals with the assistance of care staff. Care staff are aware of people's individual requirements and preferences. People have regular contact with relevant health and social care professionals and referrals are made promptly when required. Medication administration and MAR's charts are in good order. There is a sufficient supply of personal protective equipment (PPE) within the service and staff are knowledgeable on how to use these.

Environment

The home is clean and there is evidence of investment in the service. The furnishings and decor within the home are in good condition and make the rooms welcoming and pleasant. Bedrooms are personalised to reflect interests and hobbies and people can move around freely within the home. Bathrooms and bedrooms are clean and tidy. People living in the home are expected to assist with domestic cleaning tasks where possible and this is included in individual activity sheets. Some people took evident pride in their own rooms and the fact that they had cleaned and tidied them themselves. Care staff always help and support people to keep personal and communal rooms clean and tidy and assist with laundry tasks. Communal rooms were free from clutter and trip hazards. People have access to communal spaces including a garden, conservatory and lounge area to undertake meaningful activities or spend quiet time. The extensive garden is very well maintained and offers space for people to enjoy communal activities or spend quiet time if they wish to. A substantial new summer house has been installed which can be used for a variety of outdoor activities and events.

The main entrance to the home is secure and people are safe from unauthorised visitors entering the building. On entering the home we were asked for proof of identification. Proof of a negative lateral flow test was asked for and our temperature was taken in order to protect people, as far as possible, from Covid-19. People have personal emergency evacuation plans in the event of the need to evacuate the premises. Peoples' personal care records are stored safely. Gas and electricity safety testing is up to date and all equipment is serviced to confirm they meet standards. Fire safety audits are undertaken routinely, substances hazardous to health are stored safely and there are no obvious trip hazards.

Leadership and Management

Care staff consistently said they receive sufficient training to enable them to carry out their work competently and records confirmed this. Care staff told us they receive regular core training and report that they feel competent and comfortable in their roles. They told us, and records demonstrated, that in addition to mandatory training, training in specialist areas is also undertaken in order that the changing needs of people continue to be met.

The recruitment of staff is effective and supervision is offered routinely. We found recruitment files to be in good order, containing the necessary information to ensure staff are of good character and hold the necessary skills and qualifications. Care staff state they receive regular and sufficient supervision which is offered in a meaningful way. This provides care staff with the opportunity to share information, discuss policies and daily processes, consider personal development opportunities and raise any issues or concerns.

Feedback from care staff was positive with many commenting they enjoy working at the service and are happy with the support, supervision and training received. One staff member stated, "I absolutely love working here", while another commented it was important for them that "people are happy and that their needs are met in the best way possible". Care staff we spoke with felt the manager was approachable and that they were confident that concerns raised by them are actioned appropriately. The RI is very present within the service and knows people and care staff well. She regularly consults with people and with care staff and has a good knowledge and oversight of the service.

Systems in place support the daily management of the home. Staffing rotas show sufficient care staff in place to provide the right level of care and support. Staffing levels were sufficient on the day of our inspection to meet peoples care needs. We found a range of policies and procedures in place which are fit for purpose. Records we looked at show that regular team meeting take place and that they are well attended. The RI maintains good communication with care staff and with people living in the home and completes three monthly visits and six-monthly quality of care reviews to consider the quality of services provided.

| 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 |
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Date Published 01/08/2022