



Inspection Report on

Ty Cariad Dementia Care Centre

**Ty Cariad Dementia Care Centre
North Wales Business Park
Cae Eithin
Abergele
LL22 8LJ**

Date Inspection Completed

16/01/2023

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About Ty Cariad Dementia Care Centre

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Fairways Care Ltd
Registered places	48
Language of the service	English
Previous Care Inspectorate Wales inspection	20 June 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Since the last inspection improvements have been made regarding the care and support people receive. Personal plans and risk assessments are completed but some require more detail and some reviews need to be completed. Advice and support are sought from professionals when people's needs change. Permanent staff have been recruited and the need to use agency staff has significantly reduced. Another activities coordinator has also been employed to offer more activities.

Improvements have been made with notifications which are sent to CIW as required by the regulations. We saw improvements in the service provider's systems and processes to monitor and record what is happening in the service.

The manager and deputy manager feel well supported in their roles. The Responsible Individual (RI) visits the service, identifies issues, and takes action for the benefit of the people living at Ty Cariad Dementia Care Centre.

Well-being

People are treated with dignity and respect by care staff and their preferences are known. On entering the service there are policies and procedures available for visitors to read including one about dignity, respect and choice. People's preferences and 'Who am I?' information is recorded although this does vary in detail. Dietary requirements including special diets, consistency of food or drinks and any allergies are recorded in personal plans. Information about this can also be found in the kitchen areas of each household as well as in the main kitchen. Each household is clean, warm and people looked comfortable in their own rooms or lounges.

People's physical, mental health and emotional wellbeing needs are being met. Advice is sought from health professionals as needed and this information is included in personal plans and other documentation which is consistent for staff to follow. Personal plans include information about how best to support people with behaviours and provide them with reassurance when they are feeling worried or distressed. A second activities coordinator has now been employed to work at the service to offer more activities for people. We visited each household and found these to be relaxed, calm and well organised with staff attending to people's needs. Interactions between staff, managers and people are positive and caring.

People are protected from abuse and harm. We found that risk assessments are being completed but for one person a risk assessment had not yet been put in place following a change in need. This was immediately addressed by the manager. Records of accidents and incidents are kept with any actions taken. Notifications are being made to CIW as required. Complaints are documented and there is evidence to show what actions have been taken in response to these and any feedback provided.

Care and Support

People are provided with care and support through a service which consults with them and their families. Personal information about people's likes and dislikes including dietary requirements and Who am I? profiles are completed. This includes how staff can provide support to people when they are feeling anxious or upset. We looked at thank you cards which had been sent in, thanking both management and staff for the care and support, understanding, compassion and dignity given to their loved ones.

People have personal plans in place which are more accurate about how their care and support needs are to be met. Personal plans are being updated with some containing more information than others and some reviews are also needed. The manager is aware of this and assured us this is being addressed. Personal plans are more consistent for staff to follow including the level of assistance required from staff. There is an electronic system in place to monitor daily tasks to ensure that staff are providing the right care and support at the right time to people. This can be checked on by the RI and management at any point during the day or night to identify and address any issues.

People can have access to healthcare and professional advice is sought when needed. We saw that agreements regarding the use of covert medication are contained in people's personal plans where applicable. There is a general information sheet about medications regarding what staff need to be aware of and how these can affect people. A referral had been made to the Speech and Language Therapist (SALT) for advice regarding a change in need. This was discussed with the manager who told us about what had happened and the advice provided, but the plan had not been amended or a risk assessment put in place. This was completed during our visit. The manager and deputy manager told us there has been a reduction in falls for people and they are working closely with the practice development nurse and the falls coordinator. There is a system in place for recording, reviewing, and sharing information about falls, and risk assessments regarding falls and mobility are completed.

Leadership and Management

People are supported by a service that provides appropriate numbers of staff who receive training to carry out their roles. Staff recruitment is ongoing with more permanent staff employed to work at the service, reducing the need to rely on agency staff. Staff files contained the necessary documentation and a list kept of all Disclosure and Barring Service (DBS) checks. We found appropriate staffing levels in all the four households. The manager told us that two care practitioners are making a difference, assisting the nurses with the medication round, which is taking less time to complete now. Senior staff members are responsible for the deployment of staff. Handover notes are basic but we saw that there is more detailed information recorded on the electronic system. Staff receive training and supervisions records are in place with additional supervisions being held with staff as and when issues arise.

The service provider notifies CIW of events. Incident and accident records show deaths, hospital admissions, infections and wounds being notified. Accident and incidents are clearly recorded on the system and can be selected for any period to be reviewed by management including any actions taken.

There are governance arrangements in place to support the smooth operation of the service and ensure care and support is provided for people using the service. The manager and deputy manager told us they feel supported in their roles, work well together and are supported by the area manager and responsible individual who visit the service regularly. Audits including infection control and medication are being completed and record any actions taken to make improvements to the service. Complaint records include responses to complainants, any actions taken, and their outcomes. The quality of care review report has been completed. This could include more details of the feedback obtained from people, and more analysis of all the information currently available to them about how the service is run, including what is going well and how to improve the service further. The kitchen has received a food hygiene rating of 5, which means it is very good from the Food Standards Agency (FSA).

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
60	The provider has not always submitted notifications to CIW in accordance with regulatory requirements.	Achieved
21	People using the service are not provided with the care and support in a way, which, protects, promotes and maintains their safety and well-being.	Achieved
6	The provider has not ensured the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	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
N/A	No non-compliance of this type was identified at this inspection	N/A

Date Published 21/02/2023