



## Inspection Report on

**Ty Bargoed Newydd Residential Home**

**Williams Terrace  
Treharris  
CF46 5HH**

**Date Inspection Completed**

07/03/2024

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## About Ty Bargoed Newydd Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Merthyr Tydfil County Borough Council Adults and Children's Services
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	30 March 2023
Does this service promote Welsh language and culture?	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

People receive very good care and are treated with dignity and warmth at Ty Bargoed Newydd. Detailed care documentation is in place to support care staff to meet people's needs. The service provides meaningful daytime activities to help promote people's well-being. People are supported to stay as healthy as possible. Systems are in place to help protect people from abuse and neglect. The service offers a balanced diet and varied menu. Infection control measures help reduce the risk of transmission of potential sources of infection. Systems are in place to promote the safe management and storage of medication. People live in an environment which meets their needs and supports them to achieve their well-being. An experienced and stable staff team is in place. Staff are recruited safely and are suitably trained. The service has very good governance, auditing, and quality assurance arrangements to support the running of the service.

## Well-being

People are treated with dignity and warmth at Ty Bargoed Newydd. Care staff are kind and patient in their interactions with people, with families highly praising their conduct. The service arranges an activity coordinator, who engages people in a range of activities such as cooking and poetry groups. This is extremely positive in providing meaningful activities and enhances people's well-being. The service has very good relationships with relatives, who keep them informed, updated, and involved in their relatives' care. Friends and relatives can visit when they wish.

The service takes measures to support people to stay as healthy as possible. Issues are reported and referred to the relevant health and social care professionals in a timely manner, with subsequent guidance acted upon. Personal plans are detailed and reviewed with people and/or their families. Meal options are balanced, and dietary needs are understood. People receive their prescribed medication as directed. Infection control measures help manage and reduce the risk of potential sources of infection.

People live in an environment which supports them to achieve their well-being. Ty Bargoed Newydd is a purpose-built home for older people and their associated needs, including people living with dementia. Bedrooms are a good size, comfortable and personalised. There are sufficient communal areas and access to outdoor areas. Suitable mobility aids are in place to help people where needed. The home is clean, spacious, and well-maintained.

Systems are in place to help protect people from abuse and neglect. Policies and procedures help support care staff to ensure people are safe. Care staff understand their safeguarding responsibilities and how they should respond to potential issues. Recruitment is effective and ongoing training supports continued development. Incidents and accidents are recorded, with actions taken by the service in response. Risks to people are assessed, and management plans put in place. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. Access to the service is restricted to authorised individuals.

## Care and Support

People receive kind and compassionate care and support from all staff. Interactions between care staff and people are relaxed, calm and respectful. People appear well cared for and generally settled in their environment. We received extremely positive feedback from people's families, telling us *"they're very patient"*, *"they try their hardest"*, *"they treat them the way they like to be treated"*, *"brilliant"*, *"first class"*, and *"the carers are always positive and happy – they're very knowledgeable"*. Visiting professionals told us the service is *"one of the better ones"*, *"staff are very good with people"*, and *"they promote independence"*.

Care documentation is in place to support care staff to meet people's needs. Personal plans are person-centred and contain detailed information about the type of care and support people need and how best to deliver this. Accompanying risk assessments are in place, for example where someone is at risk of falls, or they need support around their cognitive difficulties. Plans are reviewed regularly with people and/or their families and are updated following any significant occurrences or changes in need. This is an improvement acted upon since the last inspection. Daily recordings and supplementary monitoring charts are completed, giving important information about people's progress, and identifying changes in care needs. The new format of recording form allows key information to be located quickly. Appropriate referrals are made by care staff to external health professionals, who then on recommendations and direction given. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

The service offers a balanced diet and varied menu. A variety of options are available to people, with alternatives available if needed. Food appears appetising and portion sizes appropriate. People have drinks to help keep them hydrated throughout the day and are supported at mealtimes when required. Dietary needs and preferences are understood and available to kitchen staff.

Infection control measures help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE, which are used appropriately. An infection control policy is in place which staff are aware of and understand their responsibilities. Domestic staff complete daily cleaning schedules. Laundry routines help reduce the risk of infection.

Systems are in place to promote the safe management and storage of medication. Medication is stored appropriately and can only be accessed by authorised care staff.

Trained care staff accurately administer medication in line with the prescriber's directions. There is an up-to-date medication policy in place. Medication is audited regularly. These are improvements acted upon since the last inspection.

## Environment

People's well-being is promoted by living in an environment that is clean, spacious and suitable for their needs. Ty Bargoed Newydd is a purpose-built residential home in Treharris. The service is set over one storey. The service is clean, tidy, and free from malodours. It is secure from unauthorised access, with visitors required to sign before entry and upon leaving.

Bedrooms are a good size, comfortable and individualised to people's tastes, promoting a feeling of belonging. All have ensuite facilities. The service has several lounge areas, where people can choose to spend their time and undertake activities. A dining area is located next to the kitchen, where people can have meals. A room has been repurposed into a 'tea room' where people and their families can meet, as well as being used for activities such as cooking and baking. Communal areas are tidy and homely. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5, which means they are 'very good'. There are three garden areas which people can make use of. The manager explained plans to develop and refurbish most areas of the home which, when completed, will further enhance the environment.

The home environment is safe. Window restrictors are fitted in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Substances hazardous to health are contained in lockable facilities, in line with Control of Substances Hazardous to Health (COSHH) regulations. Daily cleaning duties are maintained. Maintenance and repair arrangements are in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests are completed. Fire drills are undertaken, and easily accessible personal emergency evacuation plans are in place. These are improvements acted upon since the last inspection.

## Leadership and Management

The service ensures staff are recruited safely and are suitably trained. Staff files show the correct recruitment arrangements are used and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and evidence of proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff are trained in core areas of care, which is an improvement acted upon since the last inspection.

There are very good governance, auditing, and quality assurance arrangements in place to support the running of the service. These help to self-evaluate and identify where improvements are needed. Where issues are identified, action is taken to address these. The Responsible Individual (RI) has good oversight of the service. The RI undertakes the legally required three-monthly service visits and six-monthly quality of care reviews, which are improvements acted upon since the last inspection. The service is open and transparent, generally making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Policies and procedures, such as for complaints, medication, whistleblowing, and safeguarding, are in place. They give guidance to care staff, for example telling them how to use the whistleblowing procedures to raise a concern. The management team gathers the views of people and their families. Procedures are in place to deal with complaints.

An experienced and stable staff team is in place. The manager told us staffing levels are worked out based on people's level of need and the number of people living at the service. The rota showed target staffing levels are being met and was reflective of staffing on the day of the inspection. The manager told us they feel there are enough staff working at the service. Many care staff have been in post for a considerable amount of time, which helps promote continuity of care. Care staff have supervision to reflect on their performance and professional development, identify support they might require, and discuss any issues. The service also uses other formats to gather staff views and share information, such as team meetings. Care staff told us morale can be low, highlighting a variety of reasons for this. We are aware that, with a new management team being established, there have been a variety of changes at the service. We discussed this with the RI and manager to ensure they are aware and can further work towards helping to improve staff morale.

The service provides good information to the public. The Statement of Purpose sets out the service's aims, values, and support provided. An informative and well-presented written guide contains practical information about the home, the care provided, and how to make a complaint.



### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
73	The RI does not demonstrate consultation with staff at the service.	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
16	There is not any evidence of the service provider involving the individual or representatives in reviews of personal plans.	Achieved
21	The service provider has not assessed the risks associated with integrating people together from all parts of the service. Daily oral care sheets are not being completed daily.	Achieved
36	Training records do not show all staff have received up to date training in core areas of care.	Achieved
57	A fire drill has not been undertaken within an appropriate timeframe. Personal Emergency Evacuation Plans are not readily available in an emergency situation.	Achieved
58	There is not any evidence of medication audits taking place. Temperatures for the medication room and medication fridge are not recorded daily, contravening the service's medication policy.	Achieved
80	Quality of care and support reports for the require time periods have not been provided.	Achieved

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