



## Inspection Report on

**Ysguborwen Care Home**

**Ysguborwen Care Home  
Ysguborwen  
Aberdare  
CF44 0AX**

## **Date Inspection Completed**

26/04/2023

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## About Ysguborwen Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	OSBORNE CARE HOMES LTD
Registered places	79
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">22 March 2022</a>
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

People living at Ysguborwen Care Home receive care and support from a team of care workers and qualified nurses who appear competent in their roles. People and their representatives provided consistently positive feedback regarding the care and support delivered at the home. People can exercise choice and have access to a range of meaningful activities. Personal plans and risk assessments set out strategies for providing care and support and keeping people safe. However, we found people do not always receive aspects of their care and support in line with their personal plans.

Care workers and nurses appear to be compassionate and respectful and told us they enjoy working at the service. All staff are recruited following a robust recruitment process which ensures they are suitable to work with vulnerable people. Staff are supported in their roles and receive the required level of formal support. An on-going programme of training and development ensures staff are sufficiently skilled. There are suitable governance and quality assurance measures in place helping the service run smoothly. The environment, it's facilities and equipment are well maintained and standards of hygiene and cleanliness within the home are very good.

## Well-being

People's physical, mental health and emotional well-being is promoted. There is an activities team who spend time with people individually providing meaningful interactions. They also arrange group activities people can participate in. One person said *"I like playing bingo, the prizes are marvellous"*. People have access to health and social care professionals when needed. Documented evidence in people's personal plans shows medical and other professional advice is obtained in a timely manner. People's care and support needs are set out in their personal plans. Examination of a selection of personal plans showed improvements are needed to ensure people are receiving the right care at the right time.

People are protected from harm and abuse. The home is secure from unauthorised access with visitors having to sign in and out on arrival and departure. We found staff understood their roles in relation to protecting people and knew the process for raising concerns. Staff are trained to recognise the signs of abuse and neglect and there is a safeguarding policy reflective of the Wales Safeguarding Procedures. Risks to people's health and safety are thoroughly assessed and there are management plans detailing the best ways of supporting people to remain safe.

People are offered choice and are treated with dignity and respect. Regular resident meetings are held so people can be involved in decisions made at the home. There is a good choice of nutritious foods on offer, one person commented, *"The food is very good. I've only been here a few weeks and have put on half a stone"*. Positive feedback from people and their representatives suggests people are treated with warmth and kindness.

A clean comfortable environment helps support people's well-being. People are able to personalise their rooms to their preference which promotes a feeling of belonging. Communal areas are nicely decorated and furnished, providing a space where people can relax or participate in activities. There is specialist equipment available for people who need it and the home's maintenance team ensures the environment, it's facilities and equipment are safe to use.

## Care and Support

People have personal plans detailing their care and support needs. We examined a number of personal plans and found they are person-centred, highlighting people's personal outcomes and interventions needed to support them to achieve their outcomes. We saw personal plans are reviewed regularly to ensure they remain relevant. Supplementary charts are in place to monitor care and support provided. Examination of supplementary charts and care and support plans in relation to skin integrity showed people are not always re-positioned within the recommended timescales. We also found no care and support plan was present for a person who had been displaying behaviours that could be considered challenging. We explained this was an area for improvement which we would expect to be addressed at the earliest opportunity.

People have access to health and social care professionals and there are effective medication management systems in place. All medical correspondence is documented in people's personal plans. We saw evidence of medical appointments and referrals made to medical professionals. There is a detailed medication policy which is kept under review. Medications are securely stored and there are regular medication audits undertaken to identify discrepancies and action accordingly. All administrations of medication are recorded on an electronic medication administration record (EMAR). We examined a selection of EMAR's and found people receive their medication in line with the prescriber's recommendations. Controlled drugs and 'as required' (PRN) medications are administered in accordance with best practice guidance.

People and their representatives are happy with the standard of care and support provided. We received very complimentary feedback regarding care staff. One person told us, "*The staff are excellent. They are all very good. You won't find a better place than this*". A relative of a person living at the home told us, "*The staff are fantastic, I really can't fault them*". The positive feedback we received was supported by observations we made on the day of our inspection. We witnessed warm, friendly interactions between care staff and people throughout the time we spent at Ysguborwen Care Home. The service provides good continuity of care. This is done by its ability to retain staff. Some care workers have worked at the service for many years and there is a relatively low staff turnover. We saw care staff know the people they support well and are familiar with their needs and daily routines.

## Environment

An on-going programme of maintenance, checks and servicing ensures the environment remains safe. We saw up to date safety certification for gas, electrical installations, and fire safety features. All people living at the home have a personal emergency evacuation plan (PEEP) in place. This document provides information detailing the best way's of supporting people in emergency circumstances. Equipment such as hoists are regularly serviced by qualified trade's people and there is a maintenance team who perform routine safety checks on equipment throughout the home. At the time of our inspection there was building work being completed to upgrade a number of bedrooms and communal areas.

The environment is clean, comfortable, and adapted to people's needs. There are domestic workers at the home daily ensuring standards of cleanliness and hygiene are maintained. The kitchen has been awarded a score of five by the food standards agency which is the highest possible score. Communal areas are suitably decorated and furnished, and people have access to specialist seating if they need it. We looked in a selection of people's rooms and found they are personalised with items such as photographs and keepsakes which promotes a homely feel. Bathing facilities are equipped with specialist equipment for those who require it and are clean and well maintained. The home is set in a semi-rural location with extensive grounds. People have access to a 'woodland walk' and there are facilities such as a polytunnel where people can engage in horticultural activities. There is a summer house equipped with a kitchen and outside seating. This overlooks a large pond, providing a pleasant space where people can relax or participate in activities.

## Leadership and Management

The service operates a safe recruitment process. This ensures staff have the right skills and qualities needed to provide care and support to vulnerable people. We viewed a selection of personnel files and found the service completes all the necessary pre-employment checks before offering a potential employee a contract. New employees must complete a structured induction programme where they get the opportunity to shadow experienced members of the team. Staff we spoke to told us this was useful and that it aided their development.

Staff are trained to meet the needs of the people they care for and feel supported in their roles. As well as an induction, staff have access to an ongoing programme of training and development. Most care staff have a recognised qualification in care and nurses hold up to date registrations with The Nursing and Midwifery Council. The service provides core and specialist training. Records show the service is mostly compliant with its training requirements. Staff told us they enjoy working at the service and feel supported and valued. They used words like “*marvellous*”, “*professional*” and “*supportive*” to describe the manager. They said they receive regular supervision sessions where they get to discuss their development and work-related matters. Records relating to supervision and appraisal show staff are receiving the required levels of formal support.

The services performance is monitored via its quality assurance processes. Regular quality of care reviews are held to identify what the service does well and areas for further development. The Responsible Individual has recently retired. However, a suitable candidate has been identified for the role and is in the process of registering with Care Inspectorate Wales. The provider has maintained oversight of the home during this transitional period by conducting regular visits where they have met with people and staff to inform improvements. Policies and procedures promote safe practice and are kept under review. We viewed a selection of policies and found they are aligned with the most up-to-date statutory and best practice guidance. Other written information we looked at included the services statement of purpose and its user guide. Both these documents accurately describe the service, however, the user guide requires a minor adjustment in order for it to contain all of the required information.

### 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

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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21	The provider is not compliant with regulation 21(1)&(2). This is because we found there were missing care plans and risk assessments on a number of personal plans and repositioning charts did not reflect the recommended frequency of repositioning required in some personal plans.	New
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**Date Published** 22/05/2023