



## Inspection Report on

**Ystrad Fechan**

**Ystrad Fechan Home For The Elderly  
Station Road  
Treorchy  
CF42 6HN**

**Date Inspection Completed**

**11<sup>th</sup> March 2022**

11/02/2022

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## About Ystrad Fechan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. 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

Ystrad Fechan Care Home provides people with care and support in a warm and friendly environment. Care plans detail people's preferences and there are tools in place for meaningful review of people's progress towards their outcomes. People are encouraged to interact with each other in communal areas. There is reduced occupancy at the home at present so not all areas of the home are in use. The areas that are in use are decorated to people's requests, personalised, clean and well maintained. Facilities and equipment are serviced regularly and systems for fire safety are in place. There is a team of well-established staff members who know the people they are caring for well and interact with them in a kind manner. The deputy manager is currently running the home, with additional support to develop them in their role. Individual supervision sessions need to be held more frequently, as care staff report morale is variable. Training refreshers are to be completed now more opportunities are available for courses, as pandemic restrictions are easing. There are currently no Welsh speaking residents at Ystrad Fechan, however information and documentation can be made available bilingually on request.

## Well-being

Care staff give people support and opportunity to have control over their day to day life. Care files include people's background and their likes and dislikes. People are able to request their preferred food and drinks, and are offered activities if they would like to participate. As there is reduced occupancy at the home at the moment, care staff are able to spend more time individually with residents, particularly those who like to stay in their rooms, and speak to them about things they may like to do or see in the home. A relative told us they feel happy to raise any issues with the deputy manager at the home, however formal complaints can be raised via the service provider if needed.

People's physical and mental health are promoted. Referrals are made to specialist health professionals where required and the advice given is recorded in care files for care staff to implement. Community nurses visit as needed. Medication is administered as prescribed. Kitchen staff know who has modified diets and prepare these according to the guidelines they are given.

There are systems in place to protect people from harm or abuse. Individual risk assessments are included in care files to identify where people may need additional care or support. Policies and procedures are in place to provide guidance to staff in a number of key areas such as safeguarding, whistleblowing and medication. However, they need to be more easily accessible to staff in the home. There are some gaps in training that need to be addressed to ensure care staff have current knowledge of best practice. Improvements are required to ensure all staff are properly vetted. The responsible individual completes monitoring visits to the home and has oversight of significant events.

## Care and Support

There are processes in place at Ystrad Fechan Care Home to ensure it is the most suitable service for those who are living there. Appropriate referrals for reassessment are made if people's care and support needs are no longer able to be sufficiently met. Feedback from people and their relatives is positive: *"they do a lovely job"*, *"I have no complaints about anything"*. Care plans are signed by individuals, or their representatives, to agree the contents. They hold sufficient detail for care staff to be able to deliver the right care to people. Risk assessments identify specific risk to an individual's health or safety. There is suitable paperwork for care staff to write meaningful reviews of care plans and risk assessments that take into account relevant information which may affect people's progress towards their outcomes. However, further work could be undertaken with care staff to ensure they are reviewing these documents properly. Care staff have a handover between shifts, and keep a diary of important tasks that are checked off each day, so they all have up to date information regarding people's needs.

People are supported to stay as healthy as they can be. Medication is appropriately stored and administered as prescribed. The deputy manager liaises with GPs and specialist health professionals for additional support in meeting people's specific needs, for example mental health or speech and language issues. This has been mostly over the telephone due to COVID lockdown restrictions, but more so in person now as Welsh Government guidance allows. Community nurses visit to carry out nursing tasks as and when required. Professional visits are recorded in daily notes but could be more consistently recorded in the professional visits log so that advice and guidance from each consultation can be easily referenced. Care staff encourage people to maintain a good food and fluid intake. The mealtime experience seemed calm and people are encouraged to eat in the communal dining room in order to interact with each other more. Kitchen staff know which individuals require modified diets and the guidelines to prepare them. People are weighed weekly and some have food and fluid charts in place if there are concerns about weight loss. However, there are no targets set for daily intake and no outcomes identified if these targets are not met.

Infection control practices are in place, including actions to minimise the spread of COVID 19. Domestic staff carry out general cleaning routines and spot cleaning of high contact areas. Care staff complete regular lateral flow tests, and take their temperature at the beginning of each shift. On the day we visited, all staff were using appropriate personal protective equipment (PPE). Visiting guidelines are being followed and visitors complete lateral flow tests prior to entering the home.

## Environment

The service has systems in place that ensure the home and its facilities are safe. We looked at a range of documentation that relates to health and safety and the maintenance of the service. The information provides an overview of a rolling programme of safety checks, servicing and maintenance of the home's equipment and facilities. There is a maintenance worker on site and the service provider contracts with an external maintenance company should the issue require. Fire safety is promoted with alarm and equipment checks and servicing, and unannounced evacuation drills. People have individual personal emergency evacuation plans which detail the support they would need in the event of an emergency.

People's environment supports their wellbeing. All authorised areas of the home are accessible. Rooms such as the laundry and medication room are kept secure. People's bedrooms contain their personal belongings and the deputy manager showed us where they have painted bedrooms different colours at people's request. As there is currently reduced occupancy in the home, people have been able to move rooms if they prefer. There are options of communal lounges and dining room, but on the day we visited most people chose to stay in their rooms.

## Leadership and Management

People are supported by appropriate numbers of care staff. They are suitably recruited by the main Human Resources (HR) department of the Local Authority. A number of care staff are awaiting new Disclosure and Barring (DBS) checks, although these applications are currently being made as part of registering all care workers with Social Care Wales.

Ensuring all staff are properly vetted is an area of improvement and we will be following this up at our next inspection. Most of the staff team has worked at this service, or for one of the sister services, for a number of years and so have knowledge and experience in providing care and support. This also provides good continuity of care for people living in Ystrad Fechan.

There is not enough opportunity for individual supervision. Care staff told us that they felt morale was variable and they would appreciate information and support about their roles, and more frequent supervision is the tool to do this. All training is provided via the Local Authority, and as such has been difficult to access during the pandemic. Due to this, care staff have not completed required refresher courses in a number of core training subjects. Both training and supervision are areas that require improvement to meet regulatory requirements and we shall be following up on these at the next inspection.

There are arrangements in place for the oversight of the care and support being delivered in the home. The responsible individual (RI) completes quarterly monitoring reports and uses feedback and analysis of events in the home to compile a biannual quality of care report. This identifies strengths of the service, as well as areas that require further development. The deputy manager is currently being supported by a manager of a sister home, and the Residential Service manager, to maintain the running of the home. Care staff all reported that they feel they can approach them with questions or issues, and they will do their best to respond.

### 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
35	Disclosure and Barring (DBS) checks must be applied for within 3 years of the last certificate.	New
36	36 (2) (c) Care staff have not received consistently frequent individual supervision. 36 (2) (d) Care staff	New



	have not completed refreshers in core training.	
16	Regulation 16 (3)- reviews of personal plans must show the extent to which people are achieving their personal outcomes.	Achieved

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