



Inspection Report on

Ty Nant Care Home

**TYNANT NURSING HOME
VIADUCT ROAD CYMMER
PORT TALBOT
SA13 3NR**

Date Inspection Completed

6 + 9 August 2021

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About Ty Nant Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	GLASSLIGHTS LIMITED
Registered places	61
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	The service are working towards the Welsh language active offer.

Summary

Ty Nant is a welcoming and homely service that is set in its own grounds in a quiet, rural area of Cymmer in the Rhondda Valley.

A purpose built care home situated over three floors, Ty Nant support people who require nursing and/or personal care and support by dedicated staff teams on each floor. Consistent care workers and nurses know people well and treat people with compassion and kindness. Care staff are supported by a well-established and dedicated management team. There are systems in place to ensure care is delivered to meet the changing needs of people and there is clear oversight of how the service is being delivered. The management team are visible on a day to day basis in the service. People appear content living in a homely, clean and well maintained service. The external areas are welcoming and well maintained with flowers and seating areas to enjoy. There is adequate parking for visitor's and staff.

Well-being

People have a voice and are treated with dignity and respect. Personal plans are up to date, detailed, and accurately reflect people's current needs. Care workers were observed to be attentive, respectful and had good camaraderie with people during the inspection. Relatives spoken with are complimentary of the service and grateful for the level of care provided. Comments included "*They home is very good*", "*X is looked after really well and is always clean and tidy*" and "*I can't fault the care here, the food has always been exceptional*".

People's physical and mental health and emotional wellbeing is promoted. There are good arrangements in place to manage medication in the service which is audited routinely by the management. People receive care from a consistent staff team who know them well and are able to recognise any deterioration in people's health quickly to make timely referrals to relevant medical practitioners.

People are supported to maintain relationships. Early on in the pandemic the provider built a visiting lounge to keep visitors dry and comfortable whilst safely visiting through a window or glass door. People have good relationships with care staff who treat them with warmth and kindness. The care team are content in their roles and feel supported and valued. Overall relatives spoken with were complimentary of the level of communication from the service, but some would appreciate more.

People are protected from harm and neglect. Safeguarding training has been undertaken by care staff who are clear about their responsibilities to protect people and are aware of the procedures to follow if they have any concerns. We saw that people who have limited capacity have appropriate safeguards in place which have been agreed in the best interests. The service has a robust safeguarding policy in place and the manager is aware of the new All Wales Safeguarding Procedures which has been cascaded down to staff. There service are adhering to the guidance for safe visiting in care homes at present. The service is well maintained and kept homely, secure and safe for people.

There is satisfactory oversight of the service. Routine visits by the service responsible individual (RI) have resumed following Covid 19-restrictions and we saw the most recent report from this visit. The quality of care review was included in the last visit report as a single document however going forward these will be two separate document which was confirmed by the RI. Improvements are required to ensure care staff receive quarterly supervision and annual appraisals. Personnel files of the care team also need auditing to ensure all relevant paperwork is in place to evidence robust recruitment procedures.

Care and Support

People are provided with the quality of care and support they need which considers their

personal wishes and aspirations. We looked at six care files and found that all were in the same format and easy for care staff to follow. Personal plans are in place detailing people's needs in correspondence with their individualised risk assessments. We saw that all personal plans and risk assessments have been reviewed and updated with any changes as required. Personal plans are detailed and give a clear picture of the individual and their current care needs. Pen portraits are in place which gives care workers a good insight into the individual and what is important to them. Consent and care plan agreement forms were visible in care files however these were not always signed to evidence involvement of people in the care planning process.

The provider has mechanisms in place to safeguard people supported in the service. We saw that care workers and nursing staff have received safeguarding training. Care staff spoken with are aware of the procedures to follow if they are concerned about someone in the service. We saw that Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care and support.

There are safe systems in place for the management of medication in the service and to maintain people's health. We saw that each of the three floors has its own nurse's station where medication is stored. The medication processes are streamlined for all three floors where the same protocols are followed, we saw that medication is kept secure and at appropriate temperatures. We looked at 2 Medication Administration Record (MAR) charts on each floor and found these to be completed accurately. Procedures for ordering, returning and disposing of medications are also completed appropriately. We saw that care workers complete supplementary charts to monitor people's appetite and hydration levels. Body map diagrams are also in place to monitor any issues with people's skin. Many care staff have been in post a number of years and are able to recognise deterioration in people's health to make timely referrals to relevant health professionals.

The service promotes hygienic practices and manages the risk of cross infection. We saw that all care staff wear personal protective equipment (PPE) appropriately. PPE stations are located around the home at entrances and exits. There are successful arrangements in place for visiting, which enables people to maintain important relationships with family and friends safely. The service has a detailed infection control policy and procedures document in place which is updated as government guidance change. Measures are in place to minimise risk to people when visitors come to the home, this includes body temperature checks and Lateral Flow Tests (LFT's) for all indoor visits.

Environment

The provider ensures that individual's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal

outcomes. Ty Nant is a purpose built care home which is located in a quiet rural area in its own grounds with parking. People benefit from en-suite facilities and spacious bedrooms which are personalised with peoples own belongings. There is a well maintained sensory garden to the rear of the property which is colourful and inviting. There are several communal areas in the home with each floor having a large lounge, small lounge and separate dining room. We saw that all communal areas are light and welcoming and people appeared to be comfortable in them. The provider built a small lean-to visitors lounge at the start of the pandemic which enabled visitors to see their loved ones safely through a glass door without entering the building.

The service provider has procedures in place to identify and mitigate risks to health and safety. We saw in the maintenance file that appropriate maintenance audits are carried out routinely in the home. This is to ensure compliance with environmental checks which include window checks, manual handling equipment and emergency lighting. Certificates for gas, electric and fire safety were seen and the PAT testing of electrical equipment was scheduled to take place the week after the inspection. Care workers have procedures to follow on entering the premises and undertake weekly testing and temperature checks carried out on each shift to minimise the risk of Covid-19.

Leadership and Management

The service provider has systems in place to support the smooth operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. We looked at the policies and procedures, those seen have been reviewed and updated as required. The statement of purpose (SOP) has also been reviewed and reflects the service well. The manager carries out monthly audits including medication, care files and weight monitoring. The manager is visible in the service on a daily basis and care staff and relatives we spoke with are complimentary about them comments included "*The manager and owner are so accommodating and nothing is too much trouble*" and "*The managers here are good to be fair they're approachable and listen to you if you have any problems*".

The service has a well-structured staff team who are supported and trained to ensure they are appropriately qualified to support people to achieve their personal outcomes. We looked at eight personnel files and saw that not all contained two references and identification documents required during recruitment. We expect the provider to take action to address this and we will follow this up at the next inspection. Despite this we were reassured that systems have been put in place to ensure Disclosure and Barring Service (DBS) checks are renewed as required. The manager will need to ensure that the DBS list is always updated with new employees are recruited. We saw that face to face training has recommenced in the service which was previously paused due to Covid -19 restrictions. The service are committed to updating all mandatory training as a priority. Staff supervisions are not always carried out quarterly and annual appraisals were not always completed, We also expect the provider to take action to address this and we will follow this up at the next inspection, despite this, care workers and nurses spoken with feel confident and valued, one said "*they are really family orientated and I'm able to work around my family commitments*", another said "*the management team are a brilliant support*".

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw that feedback surveys have been distributed and some returned. These enable people, relatives and staff to give their opinion of the service. We saw that the responsible individual (RI) had recommenced routine visits at the service and saw the most recent report in relation to this. This report also contained aspects usually detailed in the bi-annual quality of care review. The RI was eager to ensure these reports are correct going forward and will follow the guidance and CIW templates to ensure that both reports are separate and contain the correct information going forward. Despite this the report seen gave a good oversight of the service during the unprecedented time of the Covid-19 Pandemic.

The service provider has oversight of financial arrangements and investment in the service. We saw from the recent RI report that the provider actively looks for ways to improve the service. Investments are made in the service to ensure it continues to meets the needs of

people, we saw this with the temporary extension installed to maintain external visits safely for people to maintain family relationships during the pandemic. This has been finished to a high standard and there is comfortable furniture in place for the comfort of visitors. Care workers told us that staffing levels in the home were normally good and the use of agency staff is not required due to a big recruitment drive at the start of the pandemic.

Areas for improvement and action at, or since, the previous inspection. Achieved

Fitness of staff	
Regulation 58 Medicines: the home did not adhere to statutory and non-statutory National guidance.	
Health and safety processes	

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None	
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Areas where priority action is required

None	
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Areas where improvement is required

Care staff were not in receipt of quarterly supervisions and annual appraisals.	
The service did not have relevant paperwork in personnel files i.e forms of ID and 2 x references	

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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