



## Inspection Report on

**Ty Brian**

**Wrexham**

## **Date Inspection Completed**

03/01/2024

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## About Ty Brian

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Summit Care Services Ltd.
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	9 December 2020
Does this service promote Welsh language and culture?	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 are happy with the care and support they receive at Ty Brian. Care staff work with people to encourage and promote their independence. Care staff are enthusiastic about working at the service and understand people's needs. People are involved with the reviewing of their care and support.

People receive care and support in a homely environment which is clean and tidy. Improvements are required to ensure the relevant health and safety checks are kept up to date.

The Responsible Individual (RI) is also the manager for the service and is present at the home throughout the week. The RI knows people well and is keen to improve the service.

## Well-being

People have control over their day-to-day life. People said they have a say in the way their care and support is provided and they are supported to maintain their independence in everyday tasks. They said care staff treat them with dignity and respect and they feel listened to. Records show people are involved in the development and reviewing of their care and support. Personal plans are clear on how to encourage people to do as much as they can. We saw people are supported to access independent advocacy, to have their views heard. The RI/manager speaks fluent Welsh and documentation is available in Welsh on request.

People are supported with their physical, mental and emotional well-being. People told us they are able to do what matters to them. Care staff accompany people where required to access the community and to do the activities they enjoy. We found people are supported to go to local events, meals out and trips to the cinema. People said they are happy with the food provided at the service and are encouraged to make their own meals at breakfast and lunch time. Where people require specialist diets, these are catered for. Records show people are supported to access health services on a regular basis, including GP's, district nurses, community mental health teams, dietitians and dentists. Care staff work with people to look for opportunities to volunteer. People are supported to maintain relationships which are important to them. People told us they are supported to see family and friends. Relatives told us the staff at the service are accommodating and they are able to visit as often as they wish.

People are protected from abuse and neglect. People said they feel safe at the service. The RI/manager of the service, has oversight of any safeguarding referrals made. Care staff receive regular safeguarding training and understand the process to raise a concern. The provider has a safeguarding policy in place which is clear to staff on how to raise a concern. If required, relevant legal frameworks are in place to safeguard people's rights.

The accommodation provided supports people to achieve their well-being. People are encouraged and supported to personalise their rooms. The building is clean and tidy throughout. People said they like their rooms. The provider has not ensured all health and safety checks are up to date.

## Care and Support

People are involved in their care and support. Before agreeing to provide a service to people, a detailed pre-admission assessment is carried out, the information gathered is then used within personal plans. Personal plans are person centred and are clear to care staff on how best to support people, including how to maintain their independence. Care staff understand how to emotionally support people and this is clearly detailed in people's personal plans. Risk assessments are based on people's individual needs and are mostly clear on how to mitigate risks. Daily records reflect the support people receive is in line with their personal plans. We observed positive and meaningful interactions between care staff and people who live at the service. Care staff spend time with people doing what they enjoy doing, we saw people are supported to play card games and access the community.

We received positive feedback from people who live at Ty Brian, comments include *"I like it a lot"*, and *"Activities are a lot better here"*. They told us they feel staff understand their support needs and they have continuity from a regular team of staff. We spoke with relatives, comments include *"We just like everything about it"* and *"They are doing a good job"*. Relatives told us staff are approachable, they can visit as often as they like, they are regularly updated and feel the service meets their loved ones needs. They have not had a reason to make a complaint, but said they feel able to approach management if they ever have an issue.

There are safe systems in place for the management of medicines. Care staff undertake daily counts of all medicines, to ensure they are correct and issues can be quickly identified. We reviewed a sample of Medication Administration Records (MAR) charts and found these are accurately completed. We completed a medication count and found the medication tallied up with the MAR chart. The medication room is secure and the relevant checks are completed each day, such as temperature checks and medication is stored appropriately. Care staff receive regular medication training. The manager is implementing a new medication competency assessment form, to ensure staff are safe to administer medication. The service provider has a medication policy in place, which is reviewed regularly and is in line with guidance and legislation.

## Environment

The service provider ensures people receive care and support in a location and environment, with facilities and equipment which promotes achievement of their personal outcomes. Communal areas and bedrooms provide a homely feel and are accessible. Most of the furniture is well maintained. People have access to specialist equipment where required, such as mobility equipment. Bathrooms and bedrooms provide privacy. People have sufficient storage for their belongings. Following our first visit, the manager has implemented a maintenance book, to ensure any required works are logged for the maintenance person to complete. There are systems in place to maintain hygiene throughout the service and the home is clean and tidy throughout. There is a garden area for people to access which is well kept, private and secure.

The service provider does not consistently identify and mitigate risks to health and safety. A visitor logbook is in place for fire safety purposes. Cleaning products are securely stored and legionella checks are up to date. The kitchen is clean and tidy, food is clearly labelled and regular temperature checks are completed. At the time of the inspection, there was no health and safety policy in place. Not all health and safety checks are up to date, including gas safety, the five-year electrical check and a fire risk assessment. Although some of the issues identified have been resolved, improvements are still required. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Leadership and Management

The service provider has good governance arrangements in place to support the running of the service. Policies and procedures are reviewed regularly and support people to achieve their goals. The RI completes their regulatory visits and these demonstrate speaking with staff, people who live at the service, inspecting the premises and reviewing a selection of records and events. The quality of care report is completed every six months and identifies what the service does well and ways it could improve.

The service provider has oversight of financial arrangements and investment in the service, so that it is financially sustainable and supports people to achieve their outcomes. We found there is a sufficient supply of food, cleaning supplies and personal protective equipment (PPE). There is sufficient public liability insurance cover in place.

People are supported by a service, which provides appropriate numbers of staff. We reviewed a sample of rota's and found there are sufficient staffing arrangements in place to meet people's needs. Care staff are vetted before commencing employment at the service, this includes Disclosure and Barring Service (DBS) checks, identification checks and appropriate references are sought. Care staff are registered with Social Care Wales (SCW), the workforce regulator. Overall, care staff receive appropriate training for their role, this includes specialist training to meet people's individual needs. Care staff are supported through regular supervisions and appraisals, these provide staff with the opportunity to receive feedback, review training and development and reflect on their practice. Care staff we spoke with, told us they feel supported by management and said "*Everyone works together.*" Regular staff meetings take place and any issues discussed are recorded within the minutes from the meetings. Staff told us they feel appropriate action is taken following these meetings. We spoke with external professionals, who told us the management are accommodating. They said, overall, the service meets the needs of the people they support and are responsive to feedback.

### 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
57	The service provider has not ensured that all risks to the health and safety of people have been identified and reduced as far as reasonably practicable.	New





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