



Inspection Report on

Shaw Support Services Ty Bryngolau

**Ty Bryngoleu
Aberfan
Merthyr Tydfil
CF48 4PT**

Date Inspection Completed

24/08/2023

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About Shaw Support Services Ty Bryngolau

Type of care provided	Domiciliary Support Service
Registered Provider	Shaw healthcare (Cambria) Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	26 March 2021
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 receiving support from Shaw Support Services Ty Bryngoleu have robust plans that detail their individual support needs and personal outcomes. Personal plans are reviewed regularly, and involve people and others involved in their care. People and their representatives are extremely complimentary about the positive relationships they have with support staff and the management team. Staff feel very well supported, confident and happy in their roles. Regular one to one supervision, monitoring, and training is provided for staff across the service. There are systems in place for monitoring and reviewing the quality of the service. The responsible individual (RI) visits the service regularly and carries out their regulatory duties.

Well-being

People have choice about the care and support they receive. Staff develop personal plans with the individual and their representatives, using thorough assessment tools. People provide feedback face to face or through service satisfaction surveys, which contribute to the quality assurance of the service. The service has other good quality assurance measures in place such as a quality assurance manager who visits the service regularly and carries out audits like care files and Medication Administration Records (MAR). The management team also carries out monthly site audits that the RI oversees. This ensures people receive a consistent and good quality service. People's language and communication needs are considered. The service is working towards the Welsh language active offer, with information such as the statement of purpose and written guide, available in both English and the Welsh language and other formats on request. Welsh language signs are used throughout the service.

Staff document people's support needs and risks to their safety and well-being, in personalised risk assessments. An electronic care monitoring system is used, which allows support staff to update care plans, risk assessments, and record other information such as people's daily activities or any incidents. The service is responsive to changes in support needs and people's personal outcomes, with regular reviews carried out across the service. This enables people to consistently achieve personal outcomes such as maintaining employment, participating in chosen social activities, maintaining positive relationships and networks, independent living skills, healthy lifestyles and stable mental wellbeing, and maintaining successful living arrangements. The provider has an excellent rewards scheme that promotes people's and staff's wellbeing. The Star Awards Scheme allows anyone to nominate a person for a personal achievement. This is then recognised by the service through a celebration ceremony, certificate, and individualised reward. One person told us about the exceptionally positive impact this had on their relative stating "He was thrilled, really pleased." Another said "*Excellent service, well cared for, look after their wellbeing.*"

Staff help protect people from potential harm or abuse. They receive safeguarding training and demonstrate a sound knowledge of the procedure to report any concerns they have. Effective safeguarding and whistleblowing policies are in place, which are reviewed regularly.

People can have assistance with their medication if required. Medication policies and procedures are in place. Staff have training and competency assessments to ensure they can safely and appropriately carry out this task. Any issues/errors are discussed in team meetings and supervision to prevent or reduce risk.

Care and Support

People and their families have extremely positive relationships with staff. Support staff are familiar and know people well. People told us communication with the staff is very good. One relative said about the staff *“Always make time to talk to you, say hello, make themselves known, friendly, helpful.”* The provider makes sure people receive information about the service. Effective and efficient tools are in place for communication between management and support staff. A care monitoring application is used to log in and out of calls, manage rotas, access care plans, and information about people.

Feedback from people and their families is exceptional. One person’s feedback said *“The level of care provided is excellent.”* A relative told us about the staff *“Empowering, nurturing, encourage people to be independent for themselves, pro the service user.”*

Care plans consider people’s personal outcomes, as well as the practical care and support they may require. These are personalised, detailed, clear, and completed to a high standard. Care plans are reviewed regularly across the service, and involve people, their families, and other professionals, such as care managers and learning disability nurses. A number of compliments and other records show the service has very good working relationships with local authority and health colleagues, that support people’s health and wellbeing. A compliment from one professional stated *“It’s so lovely to see how relaxed and settled ... appears to be in his own flat. I can only speak highly of the staff support ... receives at Ty Bryngoleu.”*

There are suitable measures in place for assisting people with their medication, if needed. A medication policy and procedures are in place that provide clear guidance to staff. They have medication training, and the management team check support workers’ competence in helping people with medication through observations and competency assessments. Any issues are identified quickly through regular audits and addressed with staff accordingly to reduce and prevent risks.

The service aims to protect people from potential harm and abuse. Staff receive safeguarding training and there are policies in place informing them how to report abuse. Appropriate records are kept electronically. Staff told us they can easily approach management with any issues.

There are infection control measures in place. Staff receive training in this area and there is a clear policy and procedure. During our site visits, we saw there are plentiful supplies of Personal Protective Equipment (PPE) such as masks, gloves, aprons, and hand sanitiser. Signs and information were noted at the service. People receiving support told us that staff still use PPE when necessary, in their homes.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities and feel supported by the management team. They told us they have time to gain the knowledge and experience they need before visiting people on their own. There is a thorough induction process in place, which includes training and shadowing other experienced workers. Staff have regular supervision that includes one-to-one discussions with their line managers regarding their wellbeing and professional development. The management team will ensure clearer records/evidence of these are available for future inspections. Observations and competency assessments are also carried out. Staff receive both face to face and online training, and the service is working on ensuring all staff remain up to date with this.

Staff told us they receive rotas in good time via a care monitoring application and are promptly advised of any changes. Staff told us they are happy, confident, knowledgeable and skilled in their roles. They feel well supported by the management team and the provider. The service is partly employee owned and there are incentives and benefits in place to support staff such as the living wage, bonus, access to discounts, employee assistance programme, wellbeing clinic, and the Star Award Scheme. One worker said of the management team following some recent personal issues *"I couldn't have asked for better support."* Robust recruitment and vetting processes are in place. All staff have up to date Disclosure and Barring Service (DBS) checks, and are registered or in the process of being registered with Social Care Wales (SCW). There is a stable cohort of staff at the service with a low turnover, but recruitment remains ongoing.

There are good monitoring and auditing processes in place to maintain the quality of the service. Regular audits are carried out by the management team and a quality assurance manager, which the RI oversees. The RI visits the service regularly and has oversight of day-to-day occurrences with staff and people receiving care. Plans are in place to further expand their engagement with people and staff through extra visits to other sites at the service. Quality of care reports and quality assurance reviews are completed, and a service improvement plan is monitored regularly. A record of complaints, reportable incidents, and safeguarding issues is kept. A complaints policy is in place, although there have been no complaints received at the service in the past twelve months. People receiving support provide feedback on the service through daily interactions, reviews, and satisfaction survey questionnaires. They told us they can address any issues or queries with the staff or the management team.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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