



Inspection Report on

Ty Victoria Nursing Homes

**97 Victoria Road
Wunarlwydd
Swansea
SA5 4TB**

Date Inspection Completed

18/09/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Ty Victoria Nursing Homes

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Aura Care Homes Limited
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	2 March 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People and their relatives are satisfied with the care and support provided at the service. They live in a comfortable homely environment that is warm, clean and suitable to meet their needs but needs updating. People living in the service are treated with dignity and respect by a dedicated care team who know them very well. There is information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people. Staff work well as a team to ensure these are catered for. Care workers are respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. Medicines are managed safely.

Priority action continues to be needed with supporting and developing staff with training and supervision, which was previously identified at the last inspection. Improvement continues to also be needed with staff recruitment (full employment histories) and premises (flooring, signage and flooring in the first floor bathroom).

Well-being

People and their relatives are satisfied with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, *"They treat me well" and "they're all very helpful."* A relative commented *"It's very good" and "it's excellent."* Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people who live at the home and their families about what is important and how to best support them and this was seen in written documentation to support this.

People are protected from abuse and harm. The service has an appropriate safeguarding policy in place and most staff receive training in the safeguarding of adults at risk of abuse. The Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show that timely provider assessments, personal plans and reviews are completed. Referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists when needed. Monitoring of fluid intake, recording and ensuring people have adequate fluid is in place. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Ty Victoria.

People can do the things that matter to them when they want to do them. We saw there is a range of activities undertaken which are meaningful to people. The service employs an activities coordinator. However, during our inspection the activities coordinator was not working and we observed a limited number of activities taking place facilitated by care workers. Nevertheless, records seen by us showed that people have a variety of activities on offer which they can take part in.

Improvement is needed for people to live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. However, the building interior requires updating and is described later in this report. Safety checks are completed when required. The service has employed a dedicated maintenance officer for the home. The environment is cluttered and hazards need to be reduced as far as possible.

Priority action continues to be needed with support and development of staff with supervision and training. Improvement also continues to be needed with staff recruitment as pre-employment checks are not sufficiently robustly completed prior to employment commencing.

Care and Support

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

People are provided with the care and support they need. We examined a sample of care files, which contained initial assessments and personal plans which are regularly reviewed. There is a care planning system in place providing personal plans for all aspects of the individuals' physical, mental, and emotional wellbeing. Person centred information is in place such as 'One Page Profiles' but these contained limited information. We discussed with the manager the need to strengthen this valuable information. Referrals for advice and professional help regarding health services are sought as needed. Monitoring of care activities is in place with information available to staff.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Activities include board games, arts and crafts, pampering day and a coffee morning at a local community centre. People told us they enjoy taking part in a variety of activities. Records show people have access to local community facilities and entertainers. A relative commented, "*Mam does all the thing she wants to do*" and "*there is usually something going on whenever I visit.*" The service maintains a social media (Facebook) page to keep families up to date with what is going on at the service.

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are mostly accurate but discrepancies were picked up in the regular audits. We saw medication was kept in a secure locked cabinet in a cupboard. A record is kept of the temperature which is monitored to ensure safe storage of medication.

Environment

Improvement continues to be needed to ensure that the premises, facilities and equipment are suitable for the service having regard to the Statement of Purpose (SoP). This is because we found that the flooring in the first-floor bathroom and ground floor hallway required updating. Various areas throughout the home were observed to be cluttered thus potentially creating a hazard for people with limited mobility. We discussed with the manager the need for the signage for communal areas around the service to be reviewed with view to considering dementia friendly signs. Institutional practice signage was observed at various locations around the service in the form of A.4 home-made signs and this needs to be reviewed. This is still having an impact on people's health and well-being and we expect the provider to take action.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place with regular audits of the environment but these would benefit from strengthening. For example, records of fire drills need updating to ensure these are completed at the timescales required. We discussed this with the maintenance officer and manager who assured us this would be prioritised.

Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. This is managed by the dedicated maintenance staff at the home under the guidance of the Manager. The sample of four bedrooms viewed had facilities and equipment that are suitable for the individuals and reflect their preferences and choices. Staff ensure that individuals are treated with respect and sensitivity.

Laundry is well organised. Appropriate systems are in place and all laundry equipment is in working order. There is an area with improved shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed but needs updating. We saw policies and procedures are in place and updated. We discussed with the manager the need to develop the written guide to the service to ensure it is easy to read for people using the service.

People cannot always be assured that the service provider and the management team at the service monitor the quality of the service they receive. The RI visits the service regularly and meets with people and staff. We viewed the latest quality monitoring report, which included people's feedback from consultation and recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service and the service manager conducts a quality assurance system to ensure quality care is delivered. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

Priority action is needed with staff supervision and training. Records showed that staff have not been provided with support and development through regular supervision and timely training relevant to their role. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as the lift has been renewed, decoration of the premises, improved access to the garden and updating the call bell system.

There are enough staff on duty to safely support and care for people. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available. This was seen during our inspection. People living at the home told us *"Yes, I have help when I want it"* and a relative commented *"there are enough staff around when I visit."*

Improvement continues to be needed with recruitment of new staff through full employment histories and records of qualifications. The sample of records reviewed by us showed that these records were insufficient. This is still having an impact on people's health and well-being and we expect the provider to take action

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
36	The staff training matrix showed gaps in training for several staff.	Not Achieved
36	Staff supervision did not meet the required frequency of every 3 months to comply with regulations.	Not Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A
44	The carpet on the stairs and flooring in the first floor bathroom are dirty and need repair or replacing. Ensure the carpet on the stairs is replaced and the flooring in the bathroom repaired or replaced.	Not Achieved
35	Provider records showed that not all staff members had full employment histories or records of the qualifications. Ensure staff files contain up to date full documentation such as employment histories and evidence of qualifications.	Not Achieved
44	Access from the service to the newly developed outside decking area was insufficient, Ensure the access to this area is safe.	Achieved
44	The service provider did not evidence that a consultation with the relevant parties was carried out and recorded or have a policy for the use of CCTV at the service. Ensure that this is put into place by the next inspection.	Achieved
60	Notifications to the service regulator in respect of the service were not completed in a timely manner. Ensure Regulation 60 notifications are completed accurately and on time.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 31/10/2023