



Inspection Report on

Ty Eirin

**Ty Eirin Care Home
Thomastown
Tonyrefail
Porth
CF39 8EE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

12 and 13 August 2021

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About Ty Eirin

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Harbour Healthcare SW Limited
Registered places	87
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the services's first inspection since registration under RISCA.
Does this service provide the Welsh Language active offer?	The service is working towards an "active" Welsh language offer.

Summary

Relatives and people living at the home are happy with the care provided. The service offers a spacious, comfortable and safe environment. People receive support to maintain contact with family and friends but do not have regular opportunities to engage in recreational activities. The service completes personal plans to a good standard and undertake regular reviews. We found plans for those accessing short stay respite require improvement.

Policies and procedures are in place and staff recruitment checks are robust. Training requires improvement to ensure staff remain sufficiently skilled to undertake their roles. Staff morale within the home is low and care workers report feeling unsupported. The responsible individual (RI) undertakes three monthly regulatory visits however, quality of care reports are not maintained in line with regulations.

Well-being

Overall, the service supports people's emotional wellbeing. The home environment is pleasant and well maintained and care workers interact with people in a kind and respectful way. Care workers understand people's emotional needs and anxieties and provide support in a timely manner. Personal plans contain information on individual risks, people's preferences and routines. Contact is maintained with relatives and friends to support individual wellbeing. However, opportunities for people to occupy their day, through the provision of activities, have been minimised due to the pandemic. The RI visits the home routinely to ensure those services provided supports people's wellbeing.

People's physical health is considered. The home has regular support from external health professionals and access community health services when needed. Referrals are made in a timely manner and regular reviews help identify any changes in people's physical needs. Effective medication management ensures people remain as healthy as they can be. Personal plans are followed and any necessary daily checks are completed and logged. Menus appear varied however, feedback from care workers and residents is mixed, with some, happy with the meals on offer while others feel meals provided are not of a good standard.

There are systems in place to manage infection control and protect people from harm and abuse. Care workers understand the need to maintain good infection control measures and wear PPE to reduce the spread of infection. Routine COVID testing takes place for people, relatives and professionals visiting the service. Care workers are aware of how to identify signs of abuse and understand how to report concerns. Staff recruitment is robust and the RI has oversight of the service to support any changes. There are systems in place to record accidents and incidents and safeguarding concerns are reported. Incidents of poor practice are addressed and action is taken in a timely manner.

Care and Support

People and their relatives are happy with the care provided. People look well cared for and those able to give feedback state they are happy with the care they receive. Relatives we spoke with were very complimentary about the level of communication and care provided and commented care workers deal with any concerns or suggestions quickly. Comments include *“staff offer really good care”, “staff address things in a timely manner”, “staff are always lovely and treat my mum well, I feel she is looked after”* and *“I have nothing but praise for staff”*. People living at the home stated staff were *“lovely”* and *“helpful”*.

Management of medication is effective. A sample of medication administration records we viewed evidence charts contain no gaps or errors. Routine medication audits address any improvements required and the service maintains a sufficient supply of medication, which is stored securely. During the inspection, the manager became aware of an incident of poor practice around medication administration, this was addressed immediately with appropriate action taken and referrals made to the necessary departments.

Personal plans are in place to support the understanding of people's care needs. The home has recently introduced an electronic care documentation system and is currently in the process of transferring information onto this. We viewed a sample of both paper and electronic records. We found plans to be person-centred, containing information on daily routines and preferences although at times lacking information on people's backgrounds. The service uses various assessment tools to formulate plans, which we found to be accurate and up to date. The completion of daily checks monitor changes to people's health and wellbeing and support professional referrals to be made in a timely manner. Strategies to manage behaviours that may challenge are in place however, these would benefit from being contained on separate risk assessment documents. The completion of reviews are in line with regulations. We noted an individual accessing the home for a short stay respite period did not have a personal plan in place, which is a regulatory requirement. While no immediate action is required, this is an area that requires improvement and we expect the provider to take action.

Recreational activities are not offered within the home. People have been unable to engage in activities for an extended period, with activity coordinators utilized to support with COVID testing within the home. Care workers have been asked to support with activities in the interim period. Feedback we received from care workers suggest this additional duty has been challenging due to staff sickness, and staff needing to prioritise daily care needs. Comments from people living at the home include *“I'm a bit bored at times, it's the same things”* and there is *“not a lot to do”*. Discussions with the RI and manager confirmed they are considering alternative testing arrangements, which will enable activity coordinators to return to their traditional roles.

Environment

The service completes safety checks on a regular basis. On arrival, we found external doors secure to prevent unauthorised access. On entering the building, we signed the

visitor's book, temperature checks and an LFT test ensured we were sufficiently healthy to enter the home. A selection of equipment checks and safety certificates for various appliances and utilities were completed and found to be in order. Fire safety checks are undertaken and people benefit from detailed personal evacuation plans in the event of an emergency. Substances hazardous to health are stored safely and we saw no obvious trip hazards during the inspection. We found treatment rooms and staff offices securely locked to ensure confidential files and medication is stored safely.

The service provides a pleasant, comfortable and homely environment. All areas of the home appear clean, well maintained and decorated to a good standard. People's rooms are personalised with photographs and personal items. We saw people have access to furniture, equipment and materials that are appropriate for their needs. We found good infection control measures in place and observed PPE used appropriately. Discussions with the home manager confirmed providing sufficient cover for domestic staff and laundry duties have been difficult to maintain, and at times care workers have been expected to assist with these roles. Feedback from care workers evidence this has created additional pressure, with one worker stating, "*What is expected of us is not realistic*".

Leadership and Management

Good recruitment systems are in place however, at times staffing levels have been difficult to maintain. We found well-organised recruitment files containing the appropriate pre-employment checks. The home currently has a temporary manager in place who is supporting until a long-term replacement is appointed. Discussions with the manager

confirm staffing levels have at times been difficult to maintain. During our visit, we found adequate staff in place to assist people with their needs although at time staff appeared very busy. We saw evidence of the use of qualified agency staff to ease staffing pressures. The manager provided assurances the service is actively working to resolve current staffing issues. Recruitment is ongoing and new members of staff, including several domestic staff have been appointed.

Care workers do not feel supported in their roles. Care workers report although they work well with their colleagues as a team they do not feel supported by the provider. Comments include *"I love my job but since the pandemic there has been no support"*, *"morale is really low"* and there have been *"lots of changes but not a lot of support"*. The reasons given for low morale include low staffing levels, additional duties covering the role of activities coordinators and supporting domestic staff during periods of staff sickness. Care workers report the introduction of electronic care recording systems has been especially challenging due to connectivity issues and what they feel has been limited training. While no immediate action is required, these are areas that require improvement and we expect the provider to take action.

Overall, there are systems in place to support the running of the service. We viewed a selection of policies and procedures and found them to be comprehensive, routinely reviewed and fit for purpose. Infection control and Covid-19 policies reflect current guidance. Three monthly visits by the RI are undertaken in line with regulatory requirements however; the completion of six monthly quality assurance reports are not undertaken with sufficient frequency. These are important tools, which look at positive practices within the home and any areas requiring improvement. While no immediate action is required, this is an area that requires improvement and we expect the provider to take action.

Staff receive regular supervision however staff training requires improvement. The supervision matrix we viewed shows staff receive regular supervision sessions. The training matrix we looked at contained several gaps in areas of core training and lacked evidence of dates for training recorded as complete. The service was able to evidence they had offered care workers training on their electronic case recording system. However, there was a lack of oversight on how many staff had completed this and feedback received from several staff members was they had received *"no official training"* and had *"worked it out on our own"*. While no immediate action is required, these are areas that require improvement and we expect the provider to take action.

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

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

Regulation 80. 2 - The system established under paragraph (1) must make provision for the quality of care and support to be reviewed as often as required but as least every six months.	
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Regulation 15.1.a - The service provider must be prepare a plan for the individual which sets out how on a day to day basis the individuals care and support needs will be met.	
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Regulation 34.4. The service provider must ensure that arrangements are made for the support and development of staff.	
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Regulation 36.2.d : The service provider must ensure that any person working at the service receives core training appropriate to the work to be performed by them.	
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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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