



Inspection Report on

Ty Gwynno

**Hafod Lane
Pontypridd
CF37 2SD**

Date Inspection Completed

11/05/2023

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About Ty Gwynno

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Harbour Healthcare SW Limited
Registered places	46
Language of the service	English
Previous Care Inspectorate Wales inspection	8 November 2021
Does this service provide the Welsh Language active offer?	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

Ty Gwynno provides person-centred care to help people achieve their personal outcomes. People told us they are very happy living there, we saw people settled and at ease in their environment, and relatives told us they are very satisfied with the support people receive. Care staff are compassionate and respectful and enjoy working for people at the home. Innovative activities, projects, and ways to consult with people help enhance people's well-being. The service has systems to ensure care and support is of a good standard. People benefit from detailed and current personal plans, which are reviewed regularly. Policies and procedures are in place to help protect people from harm or abuse. The service is well-managed, has good auditing systems, and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean, comfortable, and benefits from an ongoing refurbishment programme. Care staff are recruited following robust recruitment checks, receive regular supervision and training, and feel happy and supported in their work.

Well-being

Ty Gwynno supports people to have control over their day-to-day lives and do the things that matter to them. Personal plans consider individual outcomes and preferences. Staff know people well and respect and promote choice. People told us they lead lives of their choosing. The service takes extensive steps to find out people's wishes and views, such as resident meetings, 'resident of the day' consultations, meetings with groups of relatives, and have resident advocates. Care and support is person-centred, with people treated with dignity and respect. The service employs an activities coordinator. We saw an abundance of innovative activities and projects that greatly enhanced people's well-being. The home has very good relationships and lines of communication with relatives, who told us staff keep them informed and updated. Friends and relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The home liaises with external health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans reflecting direction given. Meal options are balanced and offer variety. The home has a good supply of personal protective equipment (PPE), with infection control measures in place. We saw the management of medication is safe.

People live in an environment that supports them to achieve their well-being. Bedrooms are comfortable and personalised. Suitable mobility aids are in place to help people where needed. We saw people were relaxed and comfortable. People told us they like living there. The home was clean, well-maintained, and well-presented.

There are systems in place to help protect people from abuse and harm. Ongoing training ensures care staff are sufficiently skilled. Policies and procedures support good practice and can assist staff to report a safeguarding concern. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. Recruitment is robust, and regular supervision supports continued development. Incidents and accidents are logged, and appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed.

We were told the home did not provide a service to people in Welsh at the time of the inspection. However, we saw an array of excellent practice to promote the use of Welsh, such as 'Welsh Wednesdays', identification of staff who use basic Welsh, and an availability of Welsh-language resources. The service is working well towards providing the Welsh Language active offer.

Care and Support

We saw very warm and positive care and interactions between care staff and people. Care staff were courteous, respectful, and cheerful. Care staff did not appear rushed, nor were people having to wait long for a response to the nurse call alarm. People appeared well cared for, appropriately dressed, and comfortable in their environment. We spoke to people who told us it was “*lovely*”, the staff are “*really lovely and treat me with respect*” and “*brilliant*”. and they feel safe. People feel they have “*lots to do*”, “*there’s lots organised and lots of choice*” around activities, and the service “*knows my likes and dislikes*” and “*respects my wishes*”. People’s families told us the service “*gives lovely, good care*”, “*I know mum is well looked after*”, and “*they’ve improved since moving in*”.

Care staff have up-to-date knowledge of people’s needs and personal goals. Personal plans are individualised, extremely detailed, and outcome focused. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. An electronic care-planning system provides prompts to care staff of what tasks are required and when, supporting people to get the right care at the right time. We saw plans are reviewed regularly and updated accordingly where necessary. We viewed evidence of appropriate and timely referrals to health professionals, with recommendations and direction acted upon by the service. Other professionals told us people were being supported well and shared very positive feedback they had been given by families. Deprivation of Liberty Safeguard (DoLS) applications are in place where people lack mental capacity about their care and accommodation and need to be deprived of their liberty to keep them safe.

People benefit from a balanced diet and varied menu. We viewed a variety of options on the menu, with people offered alternatives if needed. We saw evidence of people having drinks to help keep them hydrated and observed them being supported at mealtimes. Dietary preferences are understood and available to kitchen staff.

There are infection control measures in place to help reduce the risk of transmission of COVID-19 and other potential sources of infection. Staff have access to a large supply of appropriate PPE. There is an infection control policy in place which staff are aware of and understand their responsibilities around this. Domestic staff have daily cleaning schedules, which we observed during the inspection. Laundry is well-managed, and we saw appropriate clinical waste facilities throughout the service.

There are systems in place for the management of medication. Medication is stored securely and can only be accessed by authorised care and nursing staff. Records show staff administer medication in line with the prescriber’s directions and were free from gaps

or errors. Nursing and care staff receive training in how to manage and administer medication. The home has an up-to-date medication policy in place. Medication is audited regularly, with additional external auditing also carried out by a local pharmacy.

Environment

People's wellbeing is enhanced by living in an environment that is clean, safe, and suitable for their needs. Ty Gwynno is a two-story purpose-built home, located close to Pontypridd town centre. Older adults who need nursing care live on the ground floor, with older adults who have residential care needs and may be experiencing dementia living on the first floor. The home is clean, tidy, and free from malodours. It is bright, well-decorated, and homely. Recent refurbishments are evident throughout the service, are innovative, and have been completed to a high standard. We were told of plans to refurbish the areas not yet completed and saw evidence of ongoing works. The main entrance is secure from unauthorised access, with visitors required to sign in before entry. Where potential security issues were identified, these were immediately rectified. Bedrooms viewed were a good size and comfortable. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. The service has several lounge and sitting areas, where people can choose to spend their time. There are sufficient toilet and bathing facilities available at the home. Dining rooms are located on each floor, where people can choose to have meals. Communal areas are tidy, homely, and uncluttered. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 3, meaning it is 'generally satisfactory'. A good-sized garden area at the back of the home has seating and is available for people to use.

The home environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There were window restrictors in all bedrooms and bathrooms viewed. We saw fire exits were clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning and laundry duties were being maintained. There are maintenance people in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal emergency evacuation plans enable staff to understand the level of support people require in the event of an emergency and are easily accessible.

Leadership and Management

The service is very well-managed. Robust governance, auditing and quality assurance arrangements are in place to support the running of the service. These systems help the service self-evaluate and identify where improvements are required. We saw evidence of the service taking robust action to address a recent medication issue. We saw evidence of the RI undertaking the legally required three-monthly service visits and six-monthly quality of care reviews. All legally required policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm.

People are supported by a team of well-trained care staff who are recruited safely. Staff files show appropriate recruitment arrangements and contain all legally required information. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff have up to date training in core areas of care and is in line with the service's Statement of Purpose. Staff told us they feel well trained and receive regular training on an ongoing basis.

Care staff feel supported in their role. They told us they *"love"* working at the service and is *"one of the better homes I've worked in"*, the staff team is *"brilliant"* and *"more like family"*, and the manager is *"great"* and *"approachable"*. Turnover of care workers is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people's level of need. The rota showed target staffing levels were being met and was reflective of staffing on the day.

The service provides good information to the public. The Statement of Purpose sets out the service's aims, values, and delivery of support. A written guide contains practical information about the home and the care provided. Advocacy information is available throughout the home, should people need support to ensure their voice is heard.

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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Date Published 15/06/2023