



## Inspection Report on

**Ty Gwernen**

**Ty-gwernen  
Sunnyview  
Blackwood  
NP12 0AL**

## **Date Inspection Completed**

16/04/2024

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## About Ty Gwernen

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Enable Care Services (South Wales) Ltd
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	16 <sup>th</sup> October 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 are well supported by familiar care workers who are dedicated to their roles. Improved care planning mean people's physical and emotional well-being is promoted, most of the time. Personal plans are co-produced with people to include what is important to them. Care is delivered in a person-centred way, meaning care workers consider peoples individual needs. An expanded activities schedule and improved environment have had a positive impact on people's well-being.

A new manager has offered stability to the service. They have continued to take positive action to improve the service, in most areas. The Responsible Individual (RI) continues to have a regular presence at the service. Recording of regulatory duties have improved. Oversight of the service continues to require improvement as the RI had failed to act on several safeguarding issues identified at this inspection. We found that people are not always safe from abuse and neglect due to unsafe staffing arrangements and safeguarding protocols not being followed. The service provider must take immediate action to address these issues.

## Well-being

People are mostly treated with dignity and respect by a familiar staff team. Care workers take the time to have meaningful interactions with people and make good use of tactile support. At the time of our inspection, we observed genuine and positive interactions between people and care workers. Care workers engage people in light-hearted conversation and we observed them reminiscing about past holiday destinations and what pets they have had. This had a clear positive impact on people's well-being.

People mostly have control over their day to day lives. A reader friendly Service User Guide (SUG) helps people understand what care and support is available to them. People are offered a choice of food and activities. A new activities coordinator has introduced a good range of meaningful activities. People are asked for activity suggestions which are then added to the activities timetable. People told us they particularly enjoy the singers who come to the service for exclusive performances. This type of activity considers people who do not like accessing the community and demonstrates commitment to catering for individual needs. People are given the opportunity to express their opinions via regular key worker and service user meetings. Standard agenda topics are person and well-being focused. Negative comments made at these meetings are not explored and improvement action is not taken by the RI. This means people's well-being is not consistently promoted.

People live in an environment that suits their needs. An ongoing renovation programme has made the environment more welcoming and homely. People have been involved in the redecoration of their bedrooms. Relevant adaptations and mobility aids help people achieve physical well-being. Comprehensive care planning documentation promote people's physical and emotional well-being. People get the right care and support, as early as possible, to maintain their physical health.

People are not always protected from abuse and neglect. Allegations of abuse are not taken seriously or handled in-line with safeguarding protocols. This means people are at risk of potential further abuse. Unsafe staffing arrangements put people at further risk. There is not always a sufficient number of staff on shift to support people with their needs. The staff recruitment process is not robust enough. Staff are employed without the necessary safe recruitment checks, meaning they may not be suitable for the role. Unnecessary and restrictive best interest decisions continue to be in place for people who have full capacity. This means people who can make decisions for themselves may be deprived of certain rights.

## Care and Support

The service has demonstrated improved care and support in most areas. People's personal plans are written using positive language and are person-centred. This means personal plans are written from the person's perspective and outlines the care and support they need to achieve well-being. Personal plans are co-produced with people and their representatives whenever possible and are regularly reviewed to ensure they are up to date. Outcomes have been devised so that people have goals to work towards to improve their well-being.

People's emotional and physical well-being needs are outlined in personal plans and improved risk assessments. People's communication needs and preferences are comprehensively outlined in social dictionaries. People's key likes and dislikes are easily accessible at the start of their personal plans. A social history profile provides important information about people's life stories. These documents provide care staff with comprehensive information to deliver person-centred care. This means care staff can tailor their care delivery to suit the needs of people to help them achieve well-being.

The service provider takes a multidisciplinary approach to care and support. All people are registered with a general practitioner and dentist to help keep them healthy. Prompt clinical intervention is sought if people need it. People have regular care reviews with their social workers to discuss their care needs. Some people have an advocate who helps them understand their rights.

Medication management is largely robust. People are supported to take medication to help with their physical and emotional health. The service provider's internal policy should be updated so that it is more robust.

People are involved in their care and their feedback is regularly sought via key worker and service user meetings. This feedback is not consistently used to improve the service. We identified negative responses to questions asked by care workers at these meetings. These negative comments were not explored further, and improvement action was not taken to enhance people's quality of life.

People are not always safe. Allegations made by people are not handled in-line with safeguarding protocols or the service provider's safeguarding policy. Unsafe staff recruitment checks mean people may not be supported by care workers with the appropriate character, skills, or experience to fulfil the role. Insufficient staffing numbers mean people may not always receive care as quickly as possible. We identified some restrictive and unnecessary best-interest decisions in place for people who are deemed to have full capacity. We had been given previous assurance that these would be removed. The service provider must take immediate action to address these issues.

## Environment

The service is undergoing an extensive renovation programme. Since our previous inspection, some bedrooms have been redecorated in colours chosen by people. Bedroom areas are personalised with artwork, photographs, and trinkets. Communal areas of the service have a homelier feel. Neutral décor and soft furnishings create a relaxed atmosphere. People enjoy socialising in the large communal lounge and dining area. Well-maintained outside areas can be used for outdoor recreation. Continued renovation work is planned to enhance the environment further.

The environment is safe and secure. Visitors are asked to sign-in using the visitors' book. Robust health and safety checks and processes help to identify any hazards. A comprehensive health and safety audit is completed by the manager every three months to identify areas for improvement. Appropriate health and safety certificates evidence that external inspections have been carried out. This includes fire, gas, and electrical equipment inspections.

Fire safety is robust. All people have a Personal Emergency Evacuation Plan (PEEP) which outlines the support they need in the event of an emergency evacuation. Fire alarms are tested weekly, and fire evacuation drills are conducted regularly. People are reminded of what to do in the event of an emergency evacuation at service user meetings.

The environment is clean and free from unnecessary clutter. At the time of our inspection, care workers could be seen using appropriate personal protective equipment when carrying out cleaning and personal care tasks.

## Leadership and Management

People are provided with accurate information about the service. The Statement of Purpose (SoP) and the Service User Guide (SUG) inform people about the service provided. Reader friendly formats of these documents are available so that people with different communication abilities can understand them.

A new manager has provided the service with stability. The manager told us they feel well supported and are bedding into their role well. They have continued to implement positive change which has created a smoother and more effectively run service, in most areas. This has helped people achieve more positive outcomes and better well-being. The RI's presence at the service continues to be frequent. People and care workers told us the RI regularly seeks their feedback and asks after their well-being. Recording of Regulation 73 quarterly visits have improved. Since our previous inspection, the RI has completed a Regulation 80 Quality of Care report. However, overall governance arrangements continue to require improvement. The RI does not have effective quality and governance processes for monitoring the safety of people using the service. The RI failed to identify a number of safeguarding concerns highlighted at our recent inspection, which has put people at risk of harm and abuse. The RI must take immediate action to address these issues.

People are mostly supported by care workers who have the appropriate skill, competence, and experience to fulfil their roles. Care workers are trained in core training they need to deliver safe and effective care. Care workers are well supported via regular supervision. All care workers have a valid Disclosure and Barring Services check in place. Some care workers do not undergo a robust safe recruitment process when employed by the service provider. We identified inappropriate employment references and discrepancies and gaps in work histories provided. The service provider had failed to identify these issues at the time of recruitment. Unsafe recruitment processes put people at risk of harm and abuse.

People are not consistently supported by an appropriate number of care staff. The service is regularly operating below its safe, minimum working numbers as outlined in its SoP. This means people may not receive prompt care and support, in-line with their individual needs.

Care workers we spoke to offered positive feedback about the service. Care workers feel an improved culture of openness and better staff morale has had a positive impact on people using the service. One care worker told us *'It is a pleasure coming to work...We are all just like one big happy family.'*

### 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
26	The service provider has not acted in a way which ensures people are safe and protected from abuse, neglect, and improper treatment.	New
66	The responsible individual has not supervised the overall management of the service ensuring people are safe at all times.	New

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
80	More robust processes should be established by the RI to ensure appropriate oversight of the care and support provided by the service.	Reviewed
67	It is the RI's responsibility to appoint a suitable manager to oversee the service. There is currently no permanent manager at Ty Gwernen.	Achieved

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