



Inspection Report on

Ty Dewi Sant

**Ty Dewi Sant Residential Home
Myrtle Close
Penarth
CF64 3NQ**

Date Inspection Completed

21/06/2024

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About Ty Dewi Sant

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Vale of Glamorgan Council Adults and Children's Services
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	18/05/2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Ty Dewi Sant Care Home can accommodate 33 residents with residential and personal care needs. This inspection was unannounced. There is a new manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirements. Marijke Jenkins is the responsible individual (RI) for the service.

People receive good care and support from a friendly staff team. There are sufficient staff to provide care and assistance with suitable arrangements in place to cover any staffing shortfalls. People live in a pleasant environment which is suitable for their needs. There are no activity coordinators employed at the home but activities and support in accordance with people's interests and wishes are carried out on a daily basis.

Management provide a visible presence and are engaged in the day-to-day running of the service. Systems are in place to ensure the quality of care and support are provided. Care documentation has improved and reflects the care and health needs of people living at the home. The home environment is secure. People are consulted with about the care and support they receive. Processes are in place to promote infection control throughout the home and we saw staff wearing personal protective equipment (PPE) when appropriate.

Well-being

People are safeguarded and protected from abuse and harm. Care staff are trained in safeguarding and have policies and procedures to guide them. Appropriate recruitment checks are undertaken to ensure all care staff are suitable to work with vulnerable people. We looked at the staff recruitment files for agency staff working at the home and found these to be robust and contained all the required information. We saw applications were made, and records are in place, in relation to Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support. The service makes safeguarding referrals when required and notifies CIW of notifiable events.

People have excellent relationships with staff and are supported to achieve their personal outcomes. Care and support is personalised to enable people to achieve their personal outcomes. People told us they are more than happy at Ty Dewi Sant and they enjoy positive relationships with staff. They told us *“Staff can’t do enough for us all here”* and *“I love living here, it’s the best move I’ve made and call it my home”*. Care staff are happy and enthusiastic about working at the service. They told us *“I enjoy my job; we are extremely well supported here”*.

People are supported to have control over their day-to-day life, whenever possible. People follow their own routines each day with support and encouragement from the staff team. Care staff we spoke with are familiar with people’s individual preferences, likes and dislikes and these are recorded in people’s care documentation. People we spoke with told us their views and opinions are always listened to and they can raise any concerns with the staff team or management at any time.

People’s physical, mental health and emotional well-being are supported by the service. The environment is suitable for the needs of the residents and management ensure it is a safe place for people to work, live and visit. Management oversees the training and supervision needs of the staff although we identified some gaps in staff supervision. Team meetings take place specifically to each worker’s role. The provider demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose.

Care and Support

Systems are in place to protect people who use the service. People told us they feel safe and secure living at the service. Comments from people using the service included *“This home is so happy; I can do as I please really,” “The staff are very good to us”*. We saw people’s body language and expressions indicated they felt safe and secure around the care staff who support them. During the visit we observed visitors and laughter around the home providing a homely environment and people feel a sense of belonging. Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Records show staff have received up to date safeguarding training.

Care staff interact with residents in a friendly and extremely respectful manner and show excellent knowledge of people’s wishes, needs and how to respond to them. People’s choices are promoted, for example regarding meal, drinks and various snack options and how people wish to spend their time. We observed the meals provided and the dining experience and saw people enjoying a pleasant social time. We spoke with the chef on duty who told us they always cater for everyone’s likes and preferences. We saw special effort goes into presentation at each mealtime, including catering for special events. People told us how they thoroughly enjoy any special birthdays and celebrations throughout the year. The chef told us they can cater for any meal that a resident may request and, when a meal is returned uneaten, an alternative is sought and encouraged. The home has achieved a score of five (very good) food hygiene rating.

People have timely access to health and other services to maintain their ongoing health and well-being. Information within people’s care files evidence referrals and contact with various health and social care services. We saw these referrals were made in a timely manner and whenever people’s needs changed. Personal plans have improved and include details of people’s personal preferences, we found these preferences are valued and respected by staff and management. Care and support are designed through involvement with people and tailored to achieve personal outcomes to a high standard.

The service has systems in place for medication management. People receive their medication as prescribed. We looked at the medication administration records (MARs) and saw they are appropriately completed. The manager told us the service has recently reverted back to paper MARs due to several issues with the electronic system. We found some areas for improvement which we discussed with the manager who told us they have recently commenced daily and weekly audits to identify any issues.

Environment

People have a sense of belonging. The home is over one floor, large, spacious and offers a wide choice of communal areas for people to sit and enjoy time with others or spend quiet time if preferred. Each area of the home has small dining/lounge areas and we saw people can access all areas of the home for activities or any special events. Bedrooms are personalised with items of people's choice and personal belongings. There are large gardens and adapted outdoor seating areas. We saw people enjoying spending time and gardening/planting in the gardens and at the entrance to the home during both our visits.

There is excellent accessibility for people with reduced mobility or who use specialised equipment living or visiting the home. We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. All confidential files, including care and staff files, are stored securely in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

People are cared for in a clean and homely environment. People are protected from environmental health and safety risks. The home offers good accommodation for the residents living at the home and management has shown a commitment to developing and improving it for their benefit. People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection. We found call bell checks are carried out and call bells are available throughout all areas of the home. The entrance to the home is secure. Environmental audits to ensure areas are clean and safe are carried out daily/weekly and any shortfalls addressed immediately.

There are effective measures in place to ensure the environment promotes achievement of personal outcomes for people. People told us about the range of meaningful activities arranged at the home most days and which almost every person attends.

The management team and care staff excel in knowledge and understanding of people's interests and pastimes ensuring people spend time doing what they enjoy and doing what is important to them. The home environment, surrounding garden provide a safe, secure, appropriately adapted, and well-maintained home which people told us they enjoy and appreciate.

Leadership and Management

People can be assured that staff are competent to undertake their roles and there is a robust recruitment process in place. We looked at three staff recruitment files and saw they contained all the pre-employment checks required in respect of any person working in regulated services. Staff discussions evidenced there is an established staff team in place with regular agency staff used if required. Staff told us they all work well as a team and they feel extremely well supported, appreciated, and valued by the management team.

Management oversees staff training and supervision needs, and we saw one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development, and any concerns they may have. Care staff benefit from learning and development opportunities provided and we saw evidence care staff had carried out mandatory training courses as well as any additional training needs required. Staff are supported to register with professional bodies such as Social Care Wales, the workforce regulator.

People have opportunities to express their views and raise any complaints, if needed. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally. Mechanisms are in place to protect people and the documents in place set out and provide people with an understanding of the service they can expect to receive. People using the service and staff know who to approach if they have concerns and feel able to do so. People have access to independent advocates if they wish.

People benefit from the leadership and management in place to support the smooth running of the service. The RI spends time at the home and engages with staff, relatives, and residents seeking feedback. We requested information relating to monitoring and we saw the recent RI quality monitoring report visit dated 23 April 2024. The information demonstrated the RI undertakes formal monitoring as legally required. Systems and processes help promote the smooth running of the home. Detailed clinical and non-clinical audits are in place in relation to key areas of service delivery, including nutrition, medication, and skin care. We saw this information is reviewed and analysed as part of the quality-of-care report produced every six months. The management team, work with external agencies and notify the Regulator of any incidents in a timely manner.

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
15	The provider is not compliant because they failed to provide a personal plan which sets out the steps to mitigate any identified risks to the individual's well being.	Achieved

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