



## Inspection Report on

**Ty Nant Care Home**

**Tynant Nursing Home  
Viaduct Road  
Cymmer  
Port Talbot  
SA13 3NR**

## **Date Inspection Completed**

23/07/2024

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## About Ty Nant Care Home

|   |   |
|---|---|
| Type of care provided                                 | Care Home Service<br>Adults With Nursing  |
| Registered Provider                                   | GLASSLIGHTS LIMITED   |
| Registered places                                     | 61  |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | <a href="#">13 February 2023</a>  |
| Does this service promote Welsh language and culture? | 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 Nant nursing home is a welcoming, homely, and very well-presented, purpose-built service with beautiful views over the Cymmer valley. Personal plans are in place that reflect the current needs of people well. These are reviewed routinely and are accompanied with appropriate risk assessments. Various activities take place in the service daily as well as trips into the community.

People are supported with respect and warmth by care workers who know them well. There is a real sense of family in the service. There are safe recruitment procedures in place for new care staff and all spoken with feel supported and happy in their roles. Training is provided to staff with many telling us they do “loads” and “were always training”.

The environment is well maintained and there is clear ongoing investment in the service to ensure it continues to meet the needs of people. There service boasts several inviting communal areas both indoors and outdoors where people can choose to spend their time.

There is a long-standing respected manager in post who is supported by the director and Responsible Individual (RI). People and relatives spoken with gave very positive feedback about the service and the staff and management team. At the time of this inspection the Responsible individual (RI) was on leave, however, maintains communication with the service manager regularly. The manager has numerous audits in place to oversee the quality of care being provided. In the absence of the RI at present, there is a delay in the production of the regulatory required bi-annual quality of care review. However, assurances have been given that this will be prioritised.

## Well-being

People have a voice and are treated with care and respect. People living in the service appear content and happy and those spoken with told us they have a good rapport with care staff and management. People said they are often asked to make choices about everyday things and what they would like to do. People are involved in the development of their personal plans where possible. Relatives are also encouraged to assist with personal history to get a good understanding of people's background, likes and dislikes etc. Personal plans viewed during the inspection and accompanying documents confirmed this. Care workers have built genuine friendships with people and interactions seen were warm and kind, with plenty of camaraderie and friendly banter.

People can do things that matter to them. During the inspection activities were taking place on two floors within the home. People told us "There is always something to do here" and care workers told us of various outings that take place for people to go out from the home to the local community. We saw people spending time in their own rooms, in communal areas socialising with others and in the garden with visiting relatives.

People are protected from harm and neglect. Care staff are up to date with safeguarding training and understand their responsibilities to safeguard people in the service. There are policies and procedures in place to support the smooth running of the service. The environment and equipment is well maintained and there are security arrangements in place for entering and leaving the building.

People can build and maintain good relationships with others. Throughout the inspection, multiple visitors were seen coming in to visit loved ones living in the service. Warm and friendly friendships were observed between People in communal areas and with care staff alike. There is a very uplifting, friendly and family atmosphere in the home.

Overall, there is sufficient oversight of the service. The manager carries out routine audits to ensure that people's well-being is promoted. There is good communication between the service and people's relatives. There are policies and procedures in place that are reviewed routinely to assist in the smooth running of the service. The RI is currently on leave so visits to obtain feedback from people is temporarily not taking place in person. However, people told us that they can voice any concerns and give feedback about the service to the manager and director at any time. Resident meetings also take place where this is encouraged.

## Care and Support

People are provided with good care from care staff who know them well and with the use of personal plans that reflect their needs effectively. We looked at six care files and found personal plans give good, detailed information for care staff to understand the needs of people and how to support them. Information about people's history is also in place and mostly captured by relatives. Personal plan reviews take place frequently and changes are noted as required. Feedback from people and relatives about the care given in the service was very positive and comments included *"everything we ask for is done, no complaints, we're involved in care planning"*, *"I have everything I need, was anxious about moving here but it's been a good move"* and *"The staff are brilliant, I have no complaints, they are very attentive. The management are brilliant"*.

The service has safe systems for medicines management and monitoring people's health. Internal audits are completed routinely to help ensure appropriate medication arrangements are in place. Medication policies and procedures are in place and reviewed annually. Medication is administered by Registered Nurses or senior care staff. Staff complete medication training, observations and competency assessments before administering medication. Storage areas are clean and organised. Temperature checks are in place for storage cupboards and fridges. Medication reviews are carried out routinely and medical professionals are contacted for advice and support when needed. Medication errors are noted, and appropriate action taken to rectify the issues. We saw good records in files of communication and appointments with health professionals with actions noted and taken. Many care staff have worked in the service several years and know the people they support well so can recognise any changes in health to take prompt action. One person told us: *"I have a really good rapport with the staff, and they know me really well"*

People can do things they enjoy and feel part of the community in the service. Daily activities on offer in the service are clearly displayed in each dining area and show a good mix of activities. On the day of the inspection there were activities taking place both morning and afternoon for people to get involved in if they wanted. Examples of those on offer included sensory sessions and music movement. People spoken with were very complimentary of the level of activities on offer, one person said, *"there are lots of activities"* and *"There's usually something on every day"*. As well as arranged activities, we observed good camaraderie between people and care staff and lots of friendly humour and singing throughout the visit. During the lunch time observations, we saw genuine friendships between people living in the service.

There are mechanisms in place to safeguard people receiving the service. The service has an up-to-date safeguarding policy in place. Care staff have completed safeguarding training and understand their responsibilities in their roles. People told us they feel safe with the care staff supporting them, comments included; *"I feel happy here, and safe"*. Deprivation of

Liberty Safeguards are in place, for people who do not have capacity to make decisions about their care and accommodation.

## Environment

Care and support is provided in an environment which promotes achievement of personal outcomes. We found the service to be homely and welcoming. All areas of the home are clean, clutter-free and nicely decorated. There are communal spaces which are bright and welcoming where people can relax. We saw people make good use of these spaces and were socialising with others. We saw several bedrooms which are clean and nicely decorated. Each bedroom is en-suite and personalised according to individual preferences. Where needed, relevant adaptations and equipment are available to meet people's needs. There are additional facilities that people can enjoy including a hair salon and a designated smoking room. The service is set in its own grounds which are well-maintained, spacious and inviting. People are encouraged to enjoy these grounds and get involved in gardening. We saw people enjoying time with their family in the garden.

The provider has procedures in place to maintain the environment and mitigate risks to health and safety. The service has secure entry and a visitors' book in place. This is to ensure the safety of people is maintained and to comply with fire regulations. We saw mandatory health and safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. A fire drill had taken place recently. Monthly water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for people. Laundry facilities are kept in a separate locked room and away from food preparation areas. The home has a current food hygiene rating of 5 (very good). We saw appropriate storage and control of substances hazardous to health (COSHH). These were kept in a designated locked area and risk assessed. We saw staff wearing personal protective equipment (PPE) when appropriate.

There are arrangements in place to ensure that any immediate repairs are reported and actioned quickly. The service employs three maintenance people who ensure that the service is well maintained and in a good state of repair. Repairs and refurbishment can be completed quickly and proactively. There are adequate storage facilities for maintenance materials. This supports the safety and wellbeing of people, staff and visitors.

## Leadership and Management

People have access to good information about the service. The service's statement of purpose accurately describes the service and what it can offer people. This is reviewed as required. People are given a copy of the service user guide to peruse and keep in their rooms, alongside a brochure with many photographs about the home which is available in both Welsh and English. The service produces a monthly newsletter which updates people on goings on in the service. Birthdays are celebrated with special events and cake. Visitors are welcome in the service and there are no set visiting times.

There are safe systems in place to recruit, support, and train care workers in the service. Six personnel files were viewed and safe recruitment, identity documentation and background checks were seen. This includes up to date Disclosure and Barring Service (DBS) checks. The training matrix was seen, and care staff undertake routine and updated training on a regular basis. Most mandatory training including safeguarding adults, manual handling and health and safety is up to date. Care and nursing staff receive routine supervision and annual appraisals as required. Most care staff are registered with Social Care Wales (SCW), the workforce regulator, or are working towards registration. Regular staff meetings take place and all those spoken with said there is an open-door policy in place with the management team if they have any issues. Feedback from care staff about working in the service was all positive, comments included: *"I love it here"*, *"I feel very supported in my role"*, *"Management are brilliant, very supportive"* and *"I would recommend working here to others and already have"*.

There are systems in place to support the smooth operation of the service. There is a visible and respected management team in the service who are approachable. Regular audits take place to ensure all is as it should be in the service. This includes environmental checks, dip sampling of care and staff files and other documentation. People are spoken with to gain their feedback about the service to drive improvements. The service has multiple policies and procedures in place that are reviewed and updated routinely. At the time of this inspection, the RI was on planned leave and there was a delay in the production of the quality-of-care review which is a bi-annual requirement of the regulations. The RI is aware of this requirement and has given assurances that this will be completed as soon as they return from leave. Despite this the RI told us that they have weekly contact with the managers at the service and are fully aware of any issues and actions needed to address these.

### 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 |
|------------|--|--------|
| 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 |
|------------|---------|--------|
|------------|---------|--------|



|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
|-----|--|-----|

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