

## Inspection Report on

**Ty Gwilym**

**Caerphilly**

## **Date Inspection Completed**

24/10/2024

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## About Ty Gwilym

|                                                       |                                                                                                                                                                               |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing                                                                                                                                   |
| Registered Provider                                   | Caerphilly County Borough Council Adults and Children's Services                                                                                                              |
| Registered places                                     | 4                                                                                                                                                                             |
| Language of the service                               | English                                                                                                                                                                       |
| Previous Care Inspectorate Wales inspection           | <a href="#">[24 October 24]</a>                                                                                                                                               |
| Does this service promote Welsh language and culture? | The 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

The service provides people with opportunities to develop their skills and independence in a homely and fun atmosphere. The manager is developing the care and outcome planning process for people to have more control over what their short stays look like. A range of information is considered in this process to ensure people's needs are met and risks are well managed.

The manager has been learning the Welsh language and has used this to increase the use of Welsh at the service.

There are a suitable number of staff working at the service to ensure people have the support they need, when they need it. Flexible rotas ensure responsive, needs led service provision. People have opportunities to take part in activities such as making meals and baking, as well as leisure activities and trips.

The responsible Individual (RI) visits the service and spends time with people, listening to their experiences and views. There is a stable leadership and management team at the service, who also oversee another short stay provision. The manager is committed to providing good quality support and empowering people to be at the centre of decisions relating to their care. Care staff are complimentary of the manager and feel supported in their role. There are processes in place to check the quality and safety of the service, and facilities within the home are checked regularly.

## Well-being

People are

supported to choose how they spend their time and the outcomes they want to work towards during their short stays. Overall people are supported to set and work towards personal outcomes. People's stays can be as active or relaxed as they want them to be and care staff respect people's preferences. New opportunities are available for people to try in a safe and supportive way. Leisure and recreational activities are planned and adapted to people's needs and interests.

Care staff build relationships with people by spending purposeful time with them. Some care staff are able to use basic Welsh language to interact with people. The provider is making major changes to the service, with provision planned to transfer to a purpose-built bungalow in the future. We were told people talk about this with care staff and their ideas and preferences for the development are noted.

Care staff promote people's physical and emotional wellbeing. Care and support is individualised to promote independence and to meet people's needs where required. The rapport between care staff and people is fun filled and respectfully familiar, and people told us *"There is a lovely atmosphere here."*

Care staff protect people from abuse and neglect. They know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. Care staff complete safeguarding training and policies and procedures guide them if needed. Care staff are confident the manager would take the right action if concerns were raised with them.

Processes to protect people from having their freedom restricted unnecessarily are now in place and the manager told us about their plans to ensure this is maintained, including when the service provision moves.

The accommodation is a house which has been adapted to meet people's outcomes in a home from home setting. The service provides people with the opportunity to spend time independently of their families. People refer to their short stays as their holiday and look forward to spending time with their peers and care staff. We saw thank you cards received by the service with messages showing the positive impact the service has for people's families and informal carers as well as for people themselves.

## Care and Support

People receive a good quality of care and support, when they need it and in the way they prefer. We saw people and care staff enjoying spending time together, and conversation was warm and respectful. The manager is updating the care planning process and documentation to make them more inclusive and empowering for people. Information provided by people's relatives and professionals also inform the development of these plans. The updates have been piloted and have demonstrated a positive impact for people. We saw care records and photographs of people being supported by care staff in the way they want to be, to achieve their goals. The service records the progress made towards, or the achievement of a person's goal, which provides positive reinforcement to people of their capabilities and strengths. The care planning document we read clearly stated if there were any specific risk assessments or specialist plans which care staff need to refer to in order to support people in the right way.

The service completes pre- stay checks with people and / or their family to identify any changes to a person's care and support needs. Where changes are identified, the care plan is updated prior to the short stay taking place.

People are supported to make choices about how they spend their day, and these are respected. Activities are available to people and care staff adapt them to the needs of people. There is a minibus shared between two respite services and people often go on trips to the local community and to places of interest further afield.

Care staff keep people safe from abuse and neglect by following policies and procedures and taking swift action when needed. Records show the manager deals promptly and appropriately with incidents affecting people's well-being. The manager ensures restrictions are only placed on a person's liberty when it is in their best interest. We saw evidence of referrals for authorisation of this action being made and correspondences with the right specialist team.

There are suitable processes in place to support people to take their medication as prescribed, and we saw medication charts showing this is done consistently. If needed, people's medication is kept securely and the temperature it is stored at is checked throughout the day. The location medication is stored provides an increased risk of the temperature exceeding the upper safe limits, and there are plans in place to manage this,.

## Environment

The service is clean, homely and has been adapted to safely meet the needs of people who stay there for their short breaks. The layout of the home, together with the provision of aids and adaptations helps to promote people's independence and achievement of their personal outcomes.

People have their own bedrooms during their short stay and can personalise these with their belongings if they wish. All bedrooms have a wash basin and people use the shared toilets and bathrooms during their stay. Some bedrooms have specialist manual handling equipment to support people with mobility needs.

There is a family style kitchen – diner and people access the kitchen as they want to. People enjoy using the kitchen to make and eat their meals as well as for chatting with other people and staff. There is a rating of five (very good) with the Food Standard Agency, which means the standard of food hygiene is high. The manager told us care staff supervise the kitchen if there are items cooking to ensure the risk of injury is minimised. Substances which may pose a risk to people, such as cleaning materials are kept securely, as are medications.

A small, shared lounge is enjoyed, and we saw people relaxing and listening to music with care staff. A conservatory provides added space and is currently used as a craft and music area. On the day of our inspection, autumn, and Halloween pictures, created by people, were proudly on display throughout the service.

There are outdoor areas at the front and rear of the service. The rear area is decked; however, this was not accessible during the visit as the weather had made the decking slippery and was considered a fall risk. Fire safety and maintenance of facilities within the service are completed and records show checks are carried out around the home to find and address any problems. The office at the service has appropriate facilities to store care and staff documentation safely and provides a private area for staff supervision meetings.

There are signs throughout the service to identify areas and these are small pictures as well as both Welsh and English wording.

The provider recognises although the environment is currently suitable to support people during their short stays, in the longer term the service requires an updated environment. The manager told us about the development of a purpose build respite centre which is under construction. We were told this a topic of excited conversation between people and care staff, and the manager represents their views on the proposed environment within formal meetings with the provider.

## Leadership and Management

The service has a stable and active leadership and management team, who oversee the running of two short stays services spending their time across both provisions. The leadership and management team check people and their family are happy with the quality of care and support and look for ways to improve. The RI and senior management team also visit the service regularly to oversee progress and development as well as completing quality checks of the service provided. We saw clear reports of these visits.

The number of staff working at the service depends on the number of people staying there and their needs. As this can alter as stays are booked or rearranged, the rota fluctuates, and staff flexibility is needed. Some staff commented on the impact this can have at times.

There is a culture of openness in the home. We saw people staying at the service chatting freely to the manager, openly expressing their views. Care staff are positive about the support they receive from the manager and rated how valued and supported they feel working at the service as *“Excellent.”* We were told *“I feel fully supported by my manager, they are always available to give advice when needed and they support my goals and ideas.”* and *“They always listen to us as a team, our opinions are respected and valued.”*

People can be assured care staff are safely recruited and pass all required pre-employment checks before working at the service. New care staff complete an induction over a six month period, and we saw records to show this. All care staff have formal supervision three monthly. All care staff who provided feedback to us said they would recommend working at the service, and this was due to there being *“A good team of staff.”* And *“The team working efficiently and making the service great again.”* Care staff complete mandatory training, and the manager looks for bespoke and specialist training for staff in line with the needs of people.

The provider has developed policies for all their services, which are reviewed and updated as needed. This includes ‘Supporting People to Manage their Money’ and we saw records confirming there are safe processes in place for this.

The management and leadership team record compliments and complaints and share any learning from these across the service. At the time of inspection there were no recent complaints recorded.

| 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.

| Area(s) for Improvement |                                                       |        |
|-------------------------|-------------------------------------------------------|--------|
| Regulation              | Summary                                               | Status |
| N/A                     | No non-compliance of this type was identified at this | N/A    |



|   |                                                                                                                                                                                                                                            |          |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|   | inspection                                                                                                                                                                                                                                 |          |
| 6 | Quality and audit systems to review progress and inform the development of the service were insufficient in the following areas: medication; care documentation; service policy and procedures; staff training, appraisal and supervision. | Achieved |

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