



## Inspection Report on

**Ty Waunarlwydd**

**Ty Waunarlwydd Home For The Elderly  
Swansea Road  
Waunarlwydd  
Swansea  
SA5 4SN**

## **Date Inspection Completed**

01/08/2024

**Welsh Government © Crown copyright 2024.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gov.uk](mailto:psi@nationalarchives.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## About Ty Waunarlwydd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	19 <sup>th</sup> April 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 Waunarlwydd is a large service provided by Swansea County Council. The service can support up to 39 people within six individual units within the service. This residential service supports both long stay and short stay placements for people. Five units are in operation the sixth unit is used for storage and overflow office space. The service as a whole meets the needs of the individuals who live there well. In the last inspection we highlighted an area of improvement as staff appraisals were not carried out in line with regulatory time scales. This area for improvement has been achieved as staff now receive annual appraisals.

The service has a main foyer which is well presented, with communal seating area. All units are friendly and warm, we were informed by the management team they have had some difficulties keeping up with day-to-day maintenance checks due to additional workload, and low numbers in the management team. People, relatives and professionals told us they are happy with the service provided, by a committed staff team. We noted the long-term placements particularly the unit named Roseland provide personalised outcome focused support to people.

## Well-being

People are encouraged to have control over their day to day lives and are offered daily choices. Resident meetings and individual conversations with the Responsible Individual (RI) during his monitoring visits give people the opportunity to share their views on the service they receive. There is a small range of activities available for people, within four of the units, which could be further developed to ensure people undertake activities that are meaningful to them. Activities within Roseland are person centred, creative and happen on a daily basis.

People are supported to maintain their health and well-being. Staff have positive relationships with people living at the service and have a good understanding of people's care and support needs. Staff can recognise changes in people's presentation and take appropriate action. Staff liaise with health professionals, follow any guidance given and report any concerns. Personal plans detail any interventions needed. Medication is administered in line with the prescriber's recommendations and within the service policy.

People are protected from harm and neglect. The provider has robust policies and procedures in place to ensure the safe running of the service, which are reviewed as needed by the RI and within Swansea Council. Managers and staff are up to date with mandatory safeguarding training and know the procedures to follow if they have any concerns.

The environment is suited to people's needs and helps support their well-being. Having the service split into six units promotes the wellbeing of people and their outcomes. It ensures staff are supporting a small, dedicated number of people. Supporting all aspects of someone's daily routine from getting up in the morning to preparing meals and their medication. This model supports small communities rather than one sprawling service. Each unit is well presented, clean and comfortable. Roseland unit does have a more dementia friendly feel, with murals and bedroom doors made to look like a front door. Communal areas within each unit are welcoming and homely. We saw people in communal areas, looking relaxed and comfortable. People told us they like living at the service. People's rooms are personalised with things important to them.

People are supported in the service with good management oversight. The RI carries out formal visits to the service, documenting his findings in detail. The RI also carries out quality care reviews of the service to drive improvement.

## Care and Support

The service provider's pre-admission process considers how it can meet people's needs. Placement referral information is sought in advance from the local authority where possible. When considering emergency placements, the service assesses on the basis of information from the social worker. Respite placements are booked in advance where possible and reassessed on the first visit. Anyone having respite for the first time will have a home visit to ensure the service can meet their needs. The collated information informs the provider assessment and people's personal plans and risk assessments.

Personal plans are linked to well-being outcomes and systems are in place to ensure people are listened to. Staff told us personal plans and risk assessments inform them of people's likes and dislikes as well as their personal outcomes. Some people told us they are part of the care planning process. Staff told us; *"We are working on outcomes; everyone has a yellow file with guidance for staff"*. *"We are planning another session with our inhouse trainer about outcomes"* and *"We are in a better place with knowing and understanding outcomes compared to last time CIW (Care inspectorate Wales) came"*. Documents and associated risk assessments are reviewed monthly by staff and quarterly with people. People's progress regarding their identified goals and outcomes are discussed with them. Some people told us their outcomes were not being met, such as going home, due to the difficulties finding a package of care in the community. One person told us; *"I'm just waiting here, I'm ready to go home, I'm waiting for a package of care"*. And another person said, *"I have a bungalow of my own and I just want to go back there"*.

Relevant safeguarding and whistleblowing procedures are in place. Staff have access to safeguarding and whistleblowing policies, and complete safeguarding training. Staff told us; *"Safeguarding is about keeping people safe"*. And *"Making sure people are safe and well cared for"*. *"Report to the manager or duty manager"*. *"Then to the RI if we thought no one was taking it seriously, but I know they would"*.

There is good oversight of the service. There are good quality monitoring processes in place to support and safeguard vulnerable people. The RI visits the service regularly to give support and guidance to the management team. He speaks with people and staff when visiting the service to obtain their feedback about the service, this information is fed into the visit and quality care reports completed by the RI.

## Environment

The provider ensures that individuals care and support is provided in a location and environment which promotes achievement of their personal outcomes. Each unit has a small lounge, kitchen diner with bedrooms for up to eight people. Having units set out in this way encourages a more homely atmosphere. We saw people making drinks, washing dishes, and sitting chatting together. Rooms on the ground floor have access to the mature garden which is well maintained by staff. The service provides care and support to people with a mix of needs for long term and short-term stay. We saw dementia signage to help people living with dementia to orientate themselves this was most evident in Roseland unit where we saw the addition of murals. Each unit has a key code entry system to ensure people are safe.

The provider has good systems in place to identify and mitigate risk to the health and safety of people. Assistive technology such as door and bed sensors are used to minimise risk. The service does not have a maintenance person, this role is delegated to staff. This has led to recent gaps in some checks such as water. The manager has explained payroll is a recent addition to the responsibility of the management team, this and the maintenance responsibilities along with management absence has impacted on their ability to ensure all checks are carried out. A member of the management team told us; *"We are all stretched in what we are doing". "We have lost some members of the management team, and we are now doing time sheets and pay roll, we feel we are being set up to fail at the moment"*. We have been given assurances from the RI that the addition of payroll responsibilities will be reassessed, and maintenance checks will be monitored to ensure they are completed consistently.

The provider ensures the routine servicing of utilities such as gas and electricity take place and certificates were seen. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation procedures (PEEP's) for people. Evacuation procedures are specific to the individual and reviewed regularly. Fire escapes were clear of obstruction to support the safe evacuation of people. We saw an excessive amount of archiving of personal records stored in the storeroom along with, domestic cleaning materials. The RI and manager have assured us they are taking action to reduce the amount of archiving and to remove any substances harmful to health (COSHH) to a safer location.

## Leadership and Management

There is good oversight of the service. People, staff and professionals spoke highly of the management team. As part of ongoing quality assurance, providers are required to produce biannual quality of care reports and quarterly visits to the service. The RI speaks to people and staff to collect their views of the service. This information feeds into the quality monitoring reports which fully capture the information required to drive improvement. There are policies and procedures in place which are reviewed regularly by the provider. The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. A summary of the “admissions procedure” is included in the Statement of Purpose (SoP). The SoP is clearly written and reviewed regularly by the manager and RI. The guide to services ‘welcome pack’ gives people the information they need to make a complaint, fees and terms and conditions, to support their choice in accepting the service.

People are supported by knowledgeable staff who have been recruited safely and are supported in their roles. Staff told us; *“Yes, I’m valued, they listen to what you have to say”*. And *“Yes, If I have a problem I can go to the manager and say how I am feeling, she is really supportive, and the seniors will listen too”*. A professional told us; *“All interactions with staff show confidence in their abilities, and their care for the individuals they support is evident”*. *Formal support for staff has improved since the last inspection*. Appraisals are carried out within regulatory time scales; this was an area of improvement and has been achieved. Staff also benefit from productive supervision and impromptu discussion as the manager has an open-door policy. This was supported by staff spoken with and the documentation seen. The provider has good recruitment processes in place to safeguard people. We looked at ten staff personal files and saw good recruitment and pre-employment checks are carried out including references and Enhanced Disclosure and Barring Services (DBS) checks. Checks are undertaken and reviewed in line with regulations. All staff are registered with or working towards registration with Social Care Wales (SCW) the workforce regulator.

The provider has oversight of financial arrangements and investment in the service. We saw suitable staffing levels on the day of inspection, this was confirmed by the daily schedule. Some staff commented, they did not feel they could support people with activities as the unit can be quite busy and they do not have an activities coordinator within the service. Others stated, *“We make a big effort when its birthdays and make it special”*. *“We also have board games and dominos”*. *“And we can use the activities room”*. *“The office support us with anything we do, if we need money for snacks for the rugby for example”*.





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.

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

	inspection	
36	Annual appraisals have not been carried out in line with regulations.	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 02/09/2024