



Tan Yr Allt House Ltd



Tan Yr Allt House Ltd, 16 Alltwn Hill, Pontardawe, Swansea, SA8 3AB



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www.fieldbay.co.uk

Date(s) of inspection visit(s):

28/03/2025, 27/03/2025

Service Information:

Operated by:	Tan-Yr-Allt House Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	16
Main language(s):	Welsh and English
Promotion of Welsh language and culture:	This service is not making a significant effort to promote the use of Welsh language and culture

Themes:



Well-being



Care & Support



Environment



Leadership & Management

Summary:

Tan Yr Allt House is a homely and welcoming service that provides care and support to adults. The service actively promotes independence, and people can do the things that matter to them. There are up to date personal plans in place which are written as part of a multi-disciplinary team and reflect the person's support needs exceptionally well. Staff are confident in their roles and feel very well supported. They receive a wide range of varied and very good quality training.

The Responsible Individual (RI) and manager have a strong presence within the service and support staff through formal and informal discussion. There are good governance arrangements in place by the RI which drives improvements and ensures people's needs are met. The service is well maintained and there are plans in place to ensure this continues. There is an outdoor area which provides a pleasant and peaceful area for people to spend time.

Findings:



Well-being

People have a voice and are treated with dignity and respect. During our visit, we spoke with people who told us they were very happy living at Tan Yr Allt House and were supported with making day to day decisions. We consistently saw very positive and respectful interactions between staff and people. People were actively given choices and control over their day to day lives and their decisions were respected. There is a menu displayed on the wall in the dining area and a choice of two meals is offered. However, the chef told us people can choose whatever they like off the menu if they wish. People's individual circumstances are considered, and the service actively seeks to accommodate these. Examples seen were people's faith and beliefs being accommodated and opportunities to express these were actively sought by the staff team.

People's physical and mental health, along with emotional wellbeing is promoted. The service employs a nursing team who are led by a highly skilled and experienced manager and clinical lead. The service is supported by an extensive range of healthcare practitioners including Physiotherapists, Speech and Language Therapists and Occupational therapists. A multi-disciplinary team approach is used to develop personal plans and support people, which provides a holistic package of care. Records of health appointments were seen which were thorough and informative. Specialist equipment is available within the service to promote people's independence and wellbeing.

People live in an environment that promotes their well-being. People's needs are assessed prior to moving into the service to ensure they receive the right care and support. We saw records of these assessments in people's plans which are very comprehensive and detailed. People have access to a number of communal areas and a secure, pleasant outdoor area. People's bedrooms are decorated and personalised in accordance with their individual preferences, and we saw these were clean and homely. Areas of the service have been adapted to meet individual needs.

People are protected from harm and neglect. Staff receive safeguarding training and those spoken with have excellent knowledge of their responsibilities and how to report any concerns they may have about people they support. There is a comprehensive safeguarding policy in place which is reviewed as required. People are provided with comprehensive information about the service along with a complaints procedure should they need it. Family ties are maintained, and people are strongly supported and encouraged to connect with family and friends as they wish, and to access the local community.



Care & Support

People receive the quality of care and support they need to achieve their personal outcomes. We saw personal plans are in place with corresponding risk assessments. Personal plans are exceptionally thorough and written to a very high standard. They clearly inform staff how to provide care the way people want and how to best support people to achieve their personal outcomes. Daily care documentation seen is very thorough and informative. Health promotion is actively encouraged and highly personalised to people. Health professionals such as Physiotherapists, Speech and Language therapists and Occupational therapists have a significant amount of input into the review of people's care and support needs and provide advice to people and care staff when required. Documentation seen demonstrates the service actively seeks innovative and highly creative ways to promote people's health and wellbeing.

People can do the things that matter to them and make them happy. We saw people carrying out activities they enjoyed such as meals out and spending time with loved ones. Personal plans include highly detailed information about people's preferences and hobbies. The service employs a dedicated and passionate activities co-ordinator who ensures there are activities on offer each day that enrich people's lives. People spoken with told us *"It's great here, I get to go out when I want"* and *"I spend my time doing what I want to do"*.

People are protected from harm and abuse and there is a proactive and positive culture of safety in the service. All staff regardless of their role within the service receive safeguarding training. Staff spoken with are highly knowledgeable of their responsibilities around this and how to report concerns they may have. There is a safeguarding policy in place which is reviewed as required. Deprivation of Liberty Safeguards (DoLS) are in place and up to date for people who do not have the capacity to make decisions about their accommodation, care, and support.

There are safe systems for medicines management in place. We completed a medication audit and found that medication is stored appropriately in a designated locked room. We saw there was a comprehensive medication policy and procedure in place for medicines management which is reviewed annually. We saw a good history of medication room and fridge temperatures being checked daily and these were within the correct range. Staff who administer medication are trained to do so and complete medication competency checks to ensure their knowledge and skills remain sufficient.



Environment

People live in an environment with appropriate and well-maintained facilities. Tan Yr Allt House is spacious and welcoming. We found all areas of the service to be nicely decorated, clean and clutter free. There are several communal spaces which are bright and comfortable where people can choose to spend their time and relax and socialise if they wish. We saw several bedrooms which are very personalised and decorated to each individual's preferences. The manager completes regular environmental audits to ensure all areas are maintained and repairs needed are reported and actioned swiftly. Confidential documentation is stored safely and securely. There is a pleasant, secure outdoor area where people can enjoy spending time if they wish.

Adaptations and equipment are available where needed. We saw that manual handling equipment is available and regularly maintained and serviced. Contrasting colours are used to create a dementia friendly environment. The manager informed us new furniture had recently been purchased for the living room and conservatory, and new flooring had been installed throughout the communal areas. A kitchenette has also been installed in the dining area where people can make their own drinks and snacks as they please. The service undertakes regular environmental audits, to identify any improvements needed to the environment and the manager swiftly rectifies any issues identified.

The service provider has procedures in place to maintain the environment and mitigate risks to health and safety. The service is secure, and people are protected from unknown visitors, with visitors asked to sign the visitors' book and identification checked. We saw mandatory fire 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. People have personal emergency evacuation plans (PEEPS) to guide staff on how to support people to leave safely in the case of an emergency. 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.



Leadership & Management

The service provider has very strong and highly effective organisational arrangements, governance and oversight to ensure smooth operations and high-quality care. The RI visits the service weekly and speaks with people, their families, and staff to gather feedback about the service. This information is used to inform any required improvements and was captured in the quality-of-care reviews. These are consistently completed within regulatory timeframes and show a very high standard of oversight and governance. The RI is supported by an exceptionally dedicated manager who is committed to ensuring the smooth running of the service and works innovatively to drive improvements.

The service provider has highly effective oversight of financial arrangements and investment in the service. The service is well maintained. General refurbishment is ongoing, and projects are either planned or in progress. On the day of inspection, staffing levels appeared appropriate to meet the needs of people. Staff told us that they do not feel rushed and believe there are sufficient staff on each shift. The manager told us staffing levels are kept under review to ensure people's needs continue to be met.

People are supported by staff with the necessary expertise, skills and qualifications to meet people's care and support needs. We saw a training matrix which demonstrates staff are trained in a wide range of training topics made up of mandatory training and service specific training. Staff training compliance is high and refreshed regularly. Staff spoken with felt they received high quality training, and they feel comfortable asking for further training if they need it. There is a clear training pathway available to staff to develop and progress within their careers. Staff spoken with were enthusiastic about making the most of the training and development opportunities available to them. Nursing staff receive a range of training in clinical skills. Staff spoken with demonstrated an excellent understanding and knowledge of their roles and responsibilities.

The service has a highly committed staff team who feel supported in their roles. We sampled four staff files and saw robust recruitment and background checks were in place. Disclosure and Barring (DBS) checks are in place and renewed within the correct timeframes. We saw that staff are registered with Social Care Wales or working towards this. Nursing staff have up to date PIN numbers. Staff receive regular supervision and appraisal, and team meetings are frequently held. Minutes from team meetings show that conversations are two way and there is an open and honest culture within the team. Staff spoken with told us *"The team are on the same wavelength, the manager is brilliant we can contact them anytime"* and *"I love working here, we are like one big family"*.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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