Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Ty Cysgu

Bridgend

Date Inspection Completed

26/02/2025

About Ty Cysgu

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ty Cysgu Limited
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	16 February 2024
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

People who access services at Ty Cysgu receive a good standard of person-centred care and support. People are encouraged to be as independent as they can be and are supported to make daily choices. Care documentation is detailed, clear and concise. Care staff provide very good care and know the people they support well. Care staff are trained to meet the needs of the people they support and feel supported in their roles.

The service is well led with appropriate governance and quality assurance arrangements in place. There are systems in place to monitor the services performance and gather feedback from people and staff. The Responsible Individual (RI) visits the home regularly and has good oversight of service provision.

The environment is clean and comfortable. There is an on-going programme of maintenance and repair to ensure the environment, its facilities and equipment remain safe.

Well-being

People are offered choice and are encouraged to be as independent as they can be. We saw people can choose what they want to eat and drink and where they spend their time. Documented evidence shows people can engage in activities they enjoy. Care staff support people to do things for themselves and employ tools to monitor people's progress. Care documentation is person centred and clearly highlights peoples likes, dislikes and preferences which helps care staff understand the people they support.

People are supported to remain as healthy as they can be. Medication management systems are robust and ensure people receive their medication as prescribed. Care staff know the people they support well. They can recognise changes in their presentation and seek professional advice if needed. People are offered a choice of nutritious meals and those with special dietary requirements are catered for.

As far as possible people are protected from harm and abuse. People have individualised risk assessments which consider risks to their health and safety. Care staff receive safeguarding training and are familiar with the process of raising concerns. Accidents and incidents are logged with appropriate action taken. Care staff have access to a programme of training and development which includes specific training around people's individual needs.

The environment helps support people's well-being. The home is clean and comfortable throughout. There is a rolling programme of maintenance and repair. Any issues identified with the environment are quickly actioned. People have access to communal areas as well as their own rooms.

Care and Support

People appear to be pleased with the care and support they receive. We were unable to obtain verbal feedback from people due to communication difficulties. However, we observed positive interactions between people and care staff. People appeared calm and relaxed suggesting they are happy with the care and support provided. We did receive very complimentary feedback from people's relatives. One relative said, *"I can't praise them enough, it's very good there. They listen to us and always take our thoughts on board".* Another relative told us, *"The staff are absolutely wonderful, my son gets a very good service, we can relax when we go away".*

Care staff have up to date knowledge of people's needs. Assessments are completed prior to commencement of service to find out the level of care and support people require and if the service is able to meet people's needs. Personal plans contain a wealth of person-centred information giving care staff a clear understanding of the needs of the people they support. Care plans and risk assessments direct care staff on safe ways of supporting people. Specialist plans such as positive behaviour support (PBS) plans are in place for people whose behaviour has been assessed as being challenging. These plans are produced using a multi-disciplinary team approach and offer guidance on how to manage behaviours that challenge in a proactive way. Personal plans are reviewed regularly to ensure information recorded remains relevant.

Daily recordings detail what care and support has been provided and capture information about changes in people's needs. Participation in activities is also recorded in people's personal plans. We saw photographic evidence of people participating in a range of activities they enjoy. Progress is monitored through 'active support' which is a model used to promote independence allowing people of all abilities to take an active part in their own lives.

Support is available for people with medication needs. There is a medication policy aligned with best practice guidance and care staff receive medication training. We looked at medication administration records (MAR) and found people receive their medication as directed by the prescriber. Medication is securely stored and can only be accessed by authorised personnel and there are medication audits which help identify and action any issues.

Environment

Ty Cysgu is a respite service providing care and support for up to three people on a short-term basis. The environment is clean and comfortable and suited to the needs of the people who access the service. communal areas include a lounge and kitchen/diner which are appropriately furnished and decorated. People can access these areas when they choose, to engage with others or participate in activities. There is a communal bathroom which is clean and well-maintained. There is a garden with seating available should people choose to access this area. We saw people can personalise their rooms during their stay if they choose to do so. We saw care staff follow a cleaning schedule to ensure high standards of cleanliness and hygiene are maintained. The kitchen has been awarded a score of five by the Food Standards Agency which implies food safety standards are very good. The service is safe from unauthorised access, all visitors have to sign in on arrival and sign out on departure. People's confidential information is securely stored and can only be accessed by authorised personnel.

There is an ongoing programme of maintenance and repair to ensure the environment, and its facilities are safe. We saw up to date safety certification is in place for utilities such as gas and electricity and there are arrangements in place for maintenance works to be undertaken when needed. The Fire Service recently inspected the home and identified a number of issues in relation to fire safety features. We discussed this with the management team who assured us action was being taken to resolve the issues. We saw staff conduct regular fire drills and all people who access the service have a personal emergency evacuation plan (PEEP) in place.

Leadership and Management

People are cared for by care staff who are well trained and supported in their roles. Care staff told us they are provided with a good standard of training which helps keep them sufficiently skilled. Training records we viewed show care staff are mostly compliant with their training requirements. Records relating to supervision and appraisal show care staff receive the recommended levels of formal support. Care staff we spoke to told us they enjoy working at the service and feel supported and valued, they said, *“The managers are amazing, very supportive, they encourage progression”, “Training provision is good. We get lots of face to face training and online training”,* and *“The managers are great”.*

Care staff are recruited safely; however, the recruitment process needs to be strengthened. We saw the service completes a range of pre-employment checks including Disclosure and Barring Service (DBS) checks, references from previous employers and identification checks. Employment history checks are also completed; however, these checks need to be more detailed. We discussed this with the management team who assured us they would address the matter.

There are effective governance and quality assurance systems in place which help the service operate smoothly. The RI visits the service regularly and speaks to people and staff to help inform improvements. The RI completes quarterly audits to monitor the services performance. These audits are detailed and consider the environment, staffing matters and people who access service provision. Quality of care reviews are completed every six months. These reviews are a regulatory requirement which allow the service to reflect and develop. We looked at the latest quality of care report and found it clearly highlights the services strengths and areas identified for improvement. We examined a cross section of the services policies and procedures. Some of the policies we looked at require adjustments to align them with current statutory guidance. The management assured us this would be done at the earliest opportunity.

Information is available to help people understand the services provided. The statement of purpose sets out the services aims, values and delivery of support. There is also a written guide containing practical information about the home and is available in an easy read format.

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	The provider is not compliant with regulation 36(2)(d). This is because not all staff are up to date with their core training requirements	Achieved

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