



Inspection Report on

Maes Y Dderwen

**Charles Street
Tredegar
NP22 4AF**

Date Inspection Completed

10 November 2021

10/11/2021

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About Maes Y Dderwen

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Shaw Community Living (SLS) Limited
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection to the service since registration in February 2020.
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

Summary

The ethos of the service is to promote people's independence and develop their skills. Staff support individuals to take part in hobbies and voluntary work to develop their potential. We noted a relaxed atmosphere at the service. People are at ease with the experienced and familiar staff. The acting manager has recently taken over as the service's permanent manager. Currently, they are not registered with Social Care Wales, which is a breach of the regulations. We expect the service provider to take the necessary action to address this issue. The manager's registration was rectified before the report was published.

Well-being

People have control over their daily routines. Individuals are supported to be as independent as they can be including attending to their self-care needs. People are supported to take everyday risks for their personal development. During the visit, we saw two people making pizza as part of a healthy eating programme. Another person was planning a visit the local town after receiving their bus pass. One person said the staff are *“wonderful and very supportive.”*

People are supported with their physical, mental and emotional health. Health care professionals are involved in individuals care. People attend clinics and medical appointments as and when necessary. Some healthcare services visit individuals at the service. Staff are trained to support individual's emotional needs and respect their privacy. Individuals told us they are comfortable and settled at the service.

People are safeguarded from harm. The service monitors accidents and incidents. The relevant agencies are notified of significant events. Staff are trained to report accidents and complaints. The organisation has the necessary policies and information to enable people to raise any concerns. Independent advocacy is available for people. Individual's views and opinions of the service are regularly sought.

Staff support individuals to take part in activities, hobbies and volunteering. A communal lounge allows people living in the service to mix with each other. People benefit from a vehicle, which allows them to access the community. Photographs showed people taking part in activities and events. People were working on a picture for the forthcoming Armistice Day. One person is to start a voluntary work placement at a local museum and achieved a food hygiene qualification to be able to do so. A keen gardener won an award for looking after the service's garden.

People live in a service, which supports their wellbeing. The property is arranged into four self-contained units with central services such as kitchen, laundry and activity provision. Six people are accommodated in each unit. Systems are in place to ensure the environment is safe. Investment is needed to ensure the service continues to meet individual's needs.

Care and Support

The service promotes people's independence and supports them to take an active part in their lives. People's personal plans are person centred. The plans direct staff how to support people in accordance with their likes, wishes and preferences. We viewed three people's care documents. Staff routinely review personal plans although consultation with individuals is not always evident. Improvements in staff's recordings to ensure consistent support is needed. Minutes of team meetings further evidenced this. An electronic care system is planned in 2022 and staff will receive the necessary training.

Risk plans support individuals' participation in daily living skills. We noted a lack of individual goal and activity planning which is disappointing given the philosophy of the service. Individuals have regular opportunities to consult with staff. A keyworker system provides each person with a designated staff member, which supports consistency and familiarity. During the pandemic, this served as a method of gaining people's views of the service as residents' meetings were suspended.

The majority of staff at the service are experienced having worked at Maes-Y-Dderwen for a number of years. Staff are able to access training to refresh their skills. The company monitors staff training. Staff are encouraged to attend training for any aids and adaptations individuals may use. Training is planned for designated staff to become manual handling trainers for the service. Staff supervisions and team meetings are on-going. Agency staff have supplemented the staff team during the pandemic. We were told, it has become increasingly difficult to access agency staff as and when needed.

The service promotes hygienic practices and manages risk of infection. Policies and procedures are in place, which take into account current legislation and guidance. Checks to mitigate risks to people are in place. This includes daily temperature checks for people living and working at the service. Staff take part in regular Covid 19 testing. Enhanced cleaning schedules to maintain standards at the service have been implemented. The local health board carried out a visit to the service and made recommendations to improve infection prevention and control practices. We were assured the necessary actions have been taken.

Environment

Overall, the property is in need of some general redecoration and repair. We walked around the service and found a number of areas need attention. This included a toilet that was out of order and damp/ black mould in a person's bedroom. Steps have been taken to minimise the risks to individuals. We noted flooring in a toilet, which was stained, discoloured and a seal in a shower that needs replacement. New flooring on two of the units has given them a refreshed look. A planned maintenance schedule of repair and renewal was not available during the inspection. An electronic system is in place to record maintenance and repair. The organisations surveyor carried out a recent visit to the service. A copy of maintenance reports were supplied following the inspection. A replacement maintenance person has been appointed to the service.

Leadership and Management

The responsible individual (RI) has failed to keep Care Inspectorate Wales (CIW) fully informed of the management arrangements at the service. The manager left the service in August 2021. The deputy manager took charge of the service in an acting capacity. During the inspection, they told us they have been appointed as the service's manager. The person is not registered with Social Care Wales, which is a breach of the regulations. We have therefore issued a priority action notice to the provider who must take immediate action to address this issue. This matter was rectified before the report was published.

Arrangements are in place to support the running of the service. The organisation uses electronic systems for the day to day management of the service. The manager is working closely with others in the company to monitor, review and improve the quality of care and support. A governance team identify any deficits in compliance. Areas of improvement are identified with actions generated for the manager to complete within set timescales. We viewed databases in relation to medication and the environment. The manager has access to the relevant systems at all times. We recognise the manager has recently taken up the permanent post and not all reports requested were available to them during our inspection.

The RI has oversight of the service. The governance team provide a six monthly quality review of the service. The report was unavailable during our visit. The RI visited the service in October 2021. This is part of his responsibility to visit the service on a three monthly basis. We were told his report is yet to be finalised. During the pandemic, the RI used other methods of communication to maintain contact with the service. A resident satisfaction survey has taken place. The response is that people are satisfied with the service/s provided at Maes- Y-Dderwen. The service's six monthly quality report and copy of the RI's visit was supplied following the inspection visit.

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
68	The manager appointed to carry out the day-to-day operation of the service is not registered with Social Care Wales.	New

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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Date Published 21/12/2021