



Inspection Report on

Ty Gwynno

**Hafod Lane
Pontypridd
CF37 2SD**

Date Inspection Completed

11/11/2024

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About Ty Gwynno

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Harbour Healthcare SW Limited
Registered places	46
Language of the service	English
Previous Care Inspectorate Wales inspection	11 May 2023
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 receive excellent care and support at Ty Gwynno. The service takes extensive measures to support people to make their own choices and have control over their day to day lives. Detailed care documentation supports staff to meet people's needs. People are supported to stay as healthy as possible. The service offers a balanced diet and varied menu. Infection control measures are very good. The management and storage of medication is safe and effective. Systems are in place to help protect people from abuse and neglect. People live in an environment which supports them to meet their needs and enhances their well-being. The correct measures are in place to ensure the home environment is as safe as possible. The service is very well-managed, with robust governance, auditing and quality assurance systems in place. Care and nursing staff are recruited safely and are appropriately trained. Staff are extremely positive about working at the service and feel supported in their role. The service provides good information to the public.

Well-being

The service takes extensive measures to support people to make their own choices and have control over their day to day lives. People are consulted with regularly through resident meetings, 'resident of the day' consultations, meetings with groups of relatives, and resident advocates. Where people have difficulties making their own decisions, the service works closely with families, and professionals where relevant. The service has very good relationships with relatives more generally, keeping them informed, updated, and involved in their relatives' care. Friends and relatives can visit when they wish and are encouraged to take part in activities at the service.

The service supports people to stay as healthy as possible. Issues with people's health and well-being are reported and referred to the relevant health professionals in a timely manner, with subsequent guidance acted upon. Personal plans are very detailed, reviewed regularly, and reflect advice and guidance from external professionals. Meal options are balanced, and dietary needs are understood. Infection prevention and control measures help reduce the risk of the spread of potential infections. People receive their prescribed medication as directed. The service employs activity coordinators, who we saw are extremely creative and enthusiastic, and provide a range of meaningful activities.

People live in an environment which supports them to meet their needs. The service has been refurbished to a very high standard, with communal spaces used creatively to benefit people. Bedrooms are comfortable and personalised. There are sufficient communal areas and a garden. Mobility aids and adapted equipment is in place to help people where needed. The home is clean and well-maintained.

Systems are in place to help protect people from abuse and neglect. Staff know their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Staff feel confident if they raise an issue with the management team, it will be responded to. Recruitment is effective, and regular staff supervision supports continued development. Incidents and accidents are logged, with appropriate actions taken by the service. Access to the service is restricted to authorised individuals. People's families told us they feel people are safe there. Thorough quality assurance audits ensure systems remain effective and improvements are identified and addressed.

While the service does not provide a service to people in Welsh, it takes extensive measures to promote Welsh culture and the use of Welsh language. This includes 'Welsh Wednesdays', the routine use of key Welsh phrases more generally, identification of staff who can use basic Welsh, and an availability of Welsh-language resources.

Care and Support

People receive excellent care and support at Ty Gwynno. Interactions between care staff and people are relaxed, unhurried and respectful. People appear well presented, well cared for and settled in their environment, with nurse call alarms answered promptly. People and their families were very positive about the service, telling us *“it’s brilliant here, marvellous”, “the staff are fantastic”, “the manager is a legend”, “the carers are friendly and upbeat”, “they’re always well dressed and the room is clean”,* and *“I don’t worry about them being here”*. Care staff know the people they support very well and told us information about their needs, which corresponded with people’s care files. The activity coordinators are a significant resource who enhance people’s well-being. They are extremely motivated and person-centred, facilitate a variety of meaningful activities, and utilise the home environment very well. People have been able to fulfil lifetime ambitions and wishes using the wishing tree. People sing in the choir, which took part in the Eisteddfod. A walking club is in place, people have trips out to the community, and some have been supported to take part in university courses.

Detailed care documentation supports staff to meet people’s needs. The service assesses a range of information before people move in. Personal plans are person-centred, outcome-focused, and contain detailed information about the type of care and support people need and how best to deliver this. Accompanying risk assessments are in place where required, for example to support people with manual handling needs or skin management issues. Plans are reviewed regularly and updated following any significant occurrences or changes in need. Daily recordings and supplementary monitoring charts are completed, giving important information about people’s progress and identifying changes in care needs. An electronic care-planning system provides prompts to care staff of what tasks are required and when, supporting people to get the right care at the right time. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation.

The service offers a balanced diet and varied menu. Dietary needs and preferences are understood and available to kitchen staff, who work closely with care staff. A variety of food options are provided. Food appears appetising and portion sizes appropriate. People have drinks to help keep them hydrated throughout the day and are supported at mealtimes when required.

Infection control measures are very good and help manage and reduce the risk of transmission of potential sources of infection. Staff are aware of and understand their responsibilities, with an up-to-date infection control policy in place.

There is access to a supply of appropriate Personal Protective Equipment (PPE). Domestic staff complete daily cleaning schedules, including deep cleaning of rooms. Laundry routines help reduce the risk of infection. Appropriate clinical waste facilities are in place throughout the service.

The management and storage of medication is safe and effective. Medication is stored securely and can only be accessed by authorised staff. Care and nursing staff administer medication as prescribed, with medication records free from errors. A medication policy in place. Medication is audited routinely to ensure stocks are correct and to identify any issues.

Environment

People live in an environment which supports them to meet their needs and enhances their well-being. Ty Gwynno is a two-story purpose-built home, located close to Pontypridd town centre. Older adults who require nursing care live on the ground floor, with older adults who have residential care needs and may be living with dementia on the first floor. The service is very well-presented. An ongoing schedule of refurbishment, concentrated on areas used by people, sees the service decorated to a very high standard. Communal areas are comfortable and tidy. The service is extremely innovative in its use of space, repurposing several areas into activity rooms such as a small cinema, a bar and games room, the Ein Cartref Ni room where people can practice their independent living skills, and an outdoor café. These are well-used and have a beneficial impact on people's well-being. Dining rooms are located on each floor, where people can choose to have meals. Bedrooms are a good size, comfortable and personalised. There are sufficient toilet and bathing facilities throughout. The service is clean and tidy in general, with no evidence of unmanaged malodours. The main entrance is secure from unauthorised access, with visitors required to sign in electronically before entry and upon leaving. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 3, meaning they are 'generally satisfactory'. An extremely attractive and well-presented garden area containing garden features and seating is available for people to use.

The service takes the correct measures to ensure the home environment is as safe as possible. Fire exits are clear of clutter and obstructions. There are no obvious trip hazards. Daily cleaning and laundry duties are maintained. There are fitted window restrictors in all bedrooms and bathrooms viewed. Hazardous substances are stored in locked cupboards. Maintenance of the service is managed by dedicated maintenance staff. Maintenance records confirm the routine completion of utilities testing, such as electrical items, gas and water facilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal evacuation plans are in place and are accessible in the event of an emergency.

Leadership and Management

The service is very well-managed, with robust governance, auditing and quality assurance arrangements in place. The service audits a variety of different areas and convenes a variety of governance meetings on a regular basis. These are well-evidenced. The management team use these processes to self-evaluate and identify where improvements are required. The Responsible Individual (RI) maintains ongoing oversight of the service, undertaking the legally required three-monthly service visits to meet with people and staff, and completing six-monthly quality of care reviews. The service is open and transparent and makes the legally required notifications to Care Inspectorate Wales (CIW), completing these to a very high standard. Policies and procedures provide guidance to care staff around their roles and responsibilities. Care staff understand their roles around key areas of care, such as safeguarding and moving and handling. The service gathers the views of people, their representatives, and care staff to help inform the running of the service.

Care and nursing staff are recruited safely and are appropriately trained. Staff files show the correct recruitment arrangements are followed and contain all legally required information, such as proof of identity and employment references. Disclosure and Barring Service checks are undertaken. Care staff are registered with the workforce regulator, Social Care Wales, with nurses registered with the Nursing and Midwifery Council. New staff complete an induction and a probation period to ensure their performance is satisfactory. Training records show staff have up to date training in core areas of care. Staff told us they feel well trained and can perform their duties safely and effectively.

Care staff are extremely positive about working at the service and feel supported in their role. They told us *“the team is great”, “everyone gives their best”, “I wouldn’t work anywhere else”,* and *“the managers are lovely – I can go to them if I need to”*. Many of the staff team have been in post for some time, helping facilitate continuity of care and consistent support. Care staff have regular supervision and a yearly appraisal, which supports their performance and professional development. The service provider also makes confidential counselling available, which supports staff welfare should this be needed. Staffing levels are worked out based on the level of need of people, with the rota showing target staffing levels being achieved.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and how it delivers support. A very professional and well-presented written guide contains practical information about the home and the care provided. Information about the provider’s complaints process is available if needed.

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 inspection	N/A

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