



Inspection Report on

Ty Dol

**Ty Dol
Brighton Road
Gorseinon
SA4 4BN**

Date Inspection Completed

06/01/2025

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About Ty Dol

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Achieve together Ltd
Registered places	12
Language of the service	English
Previous Care Inspectorate Wales inspection	13 June 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 are settled and happy with the care and support provided at Ty Dol. They live in a warm, comfortable and homely environment that is clean and suitable to meet their needs. People living in the service are treated with kindness, dignity and respect by a dedicated care team who know them very well. People spend their time doing things they enjoy which are important to them. There is information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. People's care and support needs are documented in well-thought-out personal plans which inform care staff of how they want to be supported. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Governance arrangements are suitable to ensure day-to-day management of the service is effective. Systems for monitoring the quality of the service are sufficient. The RI demonstrates consistent oversight of the service and takes effective action when needed. Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people. Care workers are motivated, respectful and caring. Health referrals are made when necessary to promote peoples' health and well-being.

Well-being

People are independent and have control over day-to-day life. People told us they get on well with staff and commented, *“The staff are wonderful”* and *“They know when I’m not feeling great.”* Records show people are offered choices to make everyday decisions. A relative confirmed this. The RI told us they regularly speak with people who live at the service and their families about what is important to them and how to best support them and this was seen in records. Staff enjoy working at Ty Dol and told us they feel valued and very well supported by the management team. We were told that there are good opportunities to learn and develop working at Ty Dol. A care worker commented *“I have had time to develop here with the help of management.”* There is good information available for staff to support people to be as independent as possible and staff have developed meaningful relationships with all those they support.

People are comfortable and relaxed and have information available about what activities are available and can do the things that they want to do. Records show people regularly take part in a variety of activities with each person taking part in the activity of their choosing to the level that they wish to participate in. We observed genuine and good humoured interactions between staff and people who live at the service throughout our visit.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People living at the service tell us they feel safe and secure.

Care and Support

Information about the service is available to people and their representatives. The Statement of Purpose (SoP) sets out what people can expect from the service such as the staffing levels. The service guide provides a written guide with information available in an easy read format. Service agreements are completed for people when they initially move into the service. Risk assessments are in place and additional safeguards are applied for those who require them.

People are supported well with personal plans and risk assessments that reflect their needs. A sample of personal plans viewed contain detailed information regarding personal interests, likes and dislikes. Personal plans are developed following discussions with people and their family. Personal plans and risk assessments are regularly reviewed in consultation with people wherever possible. Referrals for advice and professional help regarding health services are sought as required.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. People told us they enjoy taking part in a variety of activities. Activities include keeping fit by using a local gym, walking groups organised by service staff, and many other healthy activities to support people with their wellbeing. Records show a strong emphasis on people having access to local community facilities. People meet regularly with the staff to plan future things they would like to do.

People are protected from abuse and neglect. Policies and procedures have been reviewed to make sure they are relevant and up to date. Care workers are aware these are in place to guide them and are supported by management. Staff have completed safeguarding training relevant to their role.

People's medications are stored and administered safely in line with statutory and non-statutory guidance. There are safe procedures for accepting incoming, returning, storing, and administering medication. People's medication is administered by fully trained staff. A suitably qualified person regularly reviews staff competencies. There is a medication policy in place. Medication is stored appropriately in secure locked cabinets. As and when required medication (PRN) is administered appropriately. Medication storage temperature is checked daily to ensure medication is stored at the correct temperature.

Environment

The accommodation consists of twelve self-contained flats with communal areas which are homely, comfortable and benefit from recently updated decor and furnishings. We observed the environment to be free of clutter throughout. We saw people sitting in comfort in their own flats which were personalised to their tastes and lounge of the building.

People's flats are spacious and recently decorated with people's input to choose their theme. The manager has oversight of when equipment will need servicing. People have access to a kitchen area, en-suite facilities and a lounge dining area suitable to meet their needs. We found bedrooms to be clean and pleasant places for people to spend time in.

There is a system of monitoring and auditing in place, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. The sample of three bedrooms viewed had facilities and equipment that is suitable for the individuals. Records are maintained which include fire practice drills and tests and any action taken to remedy any defects in fire equipment. The fire risk assessment and personal emergency evacuation plans (PEEPS) have been updated.

There are effective procedures in place to monitor the environment to keep people safe including entry to the service. Visiting professionals are requested to sign into a visitors' book on arrival, ensuring people's safety is maintained. Information is stored securely in locked cupboards and both paper and electronic care documentation is treated sensitively ensuring people's privacy is upheld.

There are effective procedures in place to monitor the environment to keep people safe. Items that could cause harm to people are stored securely, such as cleaning fluids. The manager has oversight of the day-to-day operation of the service and the RI completes environmental audits during their statutory visits to the home.

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The service is clean and tidy. Staff maintain appropriate standards of hygiene. Effective oversight and auditing of infection control measures are in place. The service has sufficient stocks of PPE.

Leadership and Management

Governance arrangements are in place and there is an organisational structure with support for the management of the home. The RI regularly visits the home and spends time talking to people and staff. They review care documentation, records relating to the environment, health and safety, and safeguarding matters. During this visit the RI assesses the quality of the service people receive. The RI produces a quality-of-care review which records what the service is doing well, and what can be improved on to continue to deliver a good quality service to people. The SoP accurately describes the service, which is a regulatory requirement.

People can be assured that the service provider has systems to monitor the quality of the service they receive. Records show that the RI visits the home regularly and meets with people and staff. We viewed the latest quality of care review reports which were completed at the required frequency and amount. We saw evidence the RI has oversight of the service, and the service management team employ a quality assurance system to ensure quality care is delivered. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes.

Staff recruitment pre-employment checks are completed prior to employment commencing. All care staff hold a current Disclosure and Barring Service (DBS) certificate, and all are registered with Social Care Wales, the workforce regulator. Supporting and developing staff with supervision, appraisal and training is in place. The manager informed us that training is continually being updated to ensure all staff have completed the appropriate training required. There are enough staff on duty to safely support and care for people as outlined in the Statement of Purpose. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection. Management is demonstrating effective oversight of staff training, personal development, supervision and annual appraisals.

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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