



Inspection Report on

Ty Nant Care Home

**53 Brook Street
Tonypany
CF40 1RE**

Date Inspection Completed

29/06/2023

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About Ty Nant Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Newcore Healthcare LTD
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	29 June 2023
Does this service provide the Welsh Language active offer?	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 good care and support from a friendly staff team. There are a variety of activities for people to choose to engage in should they wish. Personal plans for people who have lived at the service for a while are detailed and reviewed regularly. We found improvement was required to ensure care workers had the same level of information about the care needs and potential risks for people who had recently moved into Ty Nant. Recruitment for vacant staff posts is ongoing and some agency staff are also being used to ensure staffing levels remain stable. Training and supervision is being completed. Care workers are recruited safely and are now all vetted to ensure they are fit for their roles. Audits are completed for ongoing quality assurance and the responsible individual (RI) visits the home regularly.

Well-being

People have opportunities to take part in different pastimes and are supported to make choices about their day-to-day routines. There are a variety of activities available in Ty Nant for people to participate in as they wish. On the day we visited, people were playing chair sports with a personal trainer, and an arts and crafts charity were holding a crafts session, which people had been participating in for a few weeks. There are options for all meals, however the kitchen staff also make specific meals and snacks at people's request, and accounting for their dietary needs.

The service supports people to be as healthy as they can be. We saw evidence of regular contact with GPs and community nurses, as well as referrals to specialist practitioners such as speech and language therapists, occupational therapists, and the specialist dementia intervention team. Deprivation of Liberty Safeguard authorisations are applied for, and conditions included in people's personal plans. Medication is stored safely, and we saw it being appropriately administered and recorded. Medication audits are completed, and errors are responded to as part of quality assurance processes.

There are systems in place to protect people from potential harm or abuse. We found care workers and management are competent to identify concerns and report them. There is a safeguarding policy in place for additional guidance if needed. Care workers we spoke to said they find the manager approachable and would discuss any issues with them. Risks to individual safety are not completely minimised as we found some people who had recently moved into Ty Nant did not have comprehensive care plans and risk assessments in place to outline their needs, risks and interventions that may be required.

Care and Support

People gave positive feedback about their experience in Ty Nant and told us: *“it’s very nice, we can do what we want within reason”* and *“they’re really good here”*. We saw management and administrative assistant had open door offices, and people were sat in with them for short periods of time having a chat or discussing an issue with them.

There is not always the correct information available to staff to ensure that people receive the right care to meet their needs, at the right time. The home uses an electronic care management system, which holds all personal plans, supplementary charts, and daily logs. Care workers input notes in real time using handheld devices. There are also hard copy files which contain local authority assessments and correspondence from health care professionals. We sampled care files of people who had lived at the service for a while and found that they had completed care plans and risk assessments, which were evaluated for any changes and amended as necessary. However, we sampled other care files of people who had moved into the home between two and eight weeks ago and found that they did not have appropriate care plans or risk assessments in place, despite having complex needs relating to, for example, their dementia care, their diet, or their medication. One care worker said: *“we don’t always have a lot of information about people when they arrive”*. Staff told us that they exchange information about people through their handovers, and during inspection a lot of information could be gathered via daily notes, which were thorough and frequently recorded. However, not having a care plan or risk assessments could negatively impact people’s wellbeing because of receiving incorrect care, and so we informed the provider that this was an area for improvement that we would follow up at our next full inspection.

There are sufficient infection control measures in place. We observed personal protective equipment (PPE) being used appropriately for close contact care. Teams of domestic and laundry staff are employed, and we found the home to be clean and tidy. Processes are followed for safe and effective disposal of clinical waste.

Environment

People live in an environment which enhances their wellbeing and helps them achieve their personal outcomes. The home is set over three floors, with stairs and lift access. It is secure from unauthorised visitors and areas which could contain hazards, such as medication room and sluice, are locked. The home is decorated in a homely way, bedrooms are personalised, and people have their own belongings with them to feel comfortable. The communal areas are large enough for most people to be able to spend time together. There is a second, smaller lounge on the second floor for quieter, sensory experiences, and an activities room where small groups of people can interact away from the main lounge. There is an outside space, which we were told is due to have some repaving to make it more safely accessible to people who are independently mobile.

The home is maintained to a good standard. A maintenance worker is employed by the service to complete regular monitoring and safety checks, and external contractors complete servicing of facilities such as the lift and hoisting equipment, and utilities, such as gas safety. People have personal evacuation plans in place, which detail the support they would require to evacuate in an emergency. Health and safety and maintenance of the environment is included in quality assurance processes completed by the provider.

Leadership and Management

Staff members give mostly positive feedback about the management of the home and their experience of working there. They told us: *“the residents are great and the staff are fantastic”*, *“this is a lovely place, the staff and the residents are like one big family”*, *“[manager] encourages me to do extra training, they’re very supportive”*.

People are supported by staff who are safely recruited and vetted. Recruitment is ongoing at the service. Safe staffing levels are maintained by use of agency staff, although continuity is maintained as much as possible by block booking the same staff. The manager is actively looking for new staff and was holding two interviews on the day we visited. We sampled some staff personnel files and found they all contained the required recruitment information. At the time of the last inspection, not all staff were working with a current Disclosure and Barring (DBS) check, but we found at this inspection that this had been rectified for all staff.

Staff are competently trained and supported in their roles. All staff members have completed mandatory training, and supplementary training relevant to the needs of people they support. Staff receive one to one supervision sessions with their line manager, to discuss their professional development and address any issues.

There are quality assurance processes in place at the home to monitor and promote ongoing development and improvement of the service. The deputy manager completes regular audits of aspects of care such as documentation, medication and infection control and submits these to the quality officer and responsible individual (RI). The RI completes the required quarterly monitoring visits, and uses information gathered to feed into their biannual quality of care report. This highlights both the strengths of the service, and the areas that require more attention and development.

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. 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
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15	The service provider has not provided a plan for individuals to detail how their care needs should be met and how risks should be minimised.	New
35	All staff members should be appropriately vetted to ensure fitness in their roles.	Achieved

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