



Inspection Report on

22 Tal y Wern

Port Talbot

Date Inspection Completed

14/02/2024

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About 22 Tal y Wern

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Community Lives Consortium
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	24 August 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People and their relatives are happy with the care and support provided at Tal y Wern. They live in a comfortable 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. There is high quality 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. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people. Care workers are respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities both at the service and in the local community. Structural improvements have been made to the fabric of the property to ensure fire safety arrangements are effective and medicines management have also improved.

Well-being

People are very happy; they are listened to and are encouraged to communicate their needs. Care staff know the people they support very well and enable them to make choices in most aspects of their daily lives. Care workers complete documentation to inform the regular reviews and where possible these are carried out with the individual.

People's physical, mental health and emotional wellbeing is promoted. There are improved effective systems in place to manage medication in the service. People are supported by care workers who know them well and who recognise any signs of deteriorating health. Records show this is then acted upon accordingly. People are supported to participate in a variety of activities and access the community on a daily basis.

People live in accommodation that is homely and comfortable. People appear settled and content living at Tal y Wern. There is a relaxed, friendly and warm atmosphere in the service. The environment is clean and clear of clutter, bedrooms are personalised and reflect people's personalities and preferences, whilst maintaining personal safety. The service is well maintained with maintenance completed as needed.

People are protected from harm and neglect. Care staff are aware of the procedures to follow if they have concerns about people they support and have also completed safeguarding training. Personal plans and risk assessments are in place and reviewed regularly. There are policies and procedures in place for the service to run smoothly and effectively. Care workers are recruited safely and there are very strong systems in place to ensure the premises are secure to keep people safe.

There is highly effective oversight of the service. The management team and care team, work hard to do their best for people and monitoring is carried out regularly. The RI visits the service regularly to maintain a good knowledge and consistent oversight of the service.

Care and Support

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. We saw that 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.

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. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Activities include various community participation, attending day centre, coffee/lunch out and personal shopping. Records show people have access to local community facilities. A relative told us "*she does what she wants and chooses to do*".

People are supported to access healthcare and other services to maintain their ongoing health. Personal plans document people's medical requirements and details of relevant healthcare professionals. Documentation viewed details visits with a wide range of healthcare professionals.

The service has improved safe systems for medicines management. There is an appropriate medication policy and procedure in place for medicines management which is reviewed annually. 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.

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 excellent standards of hygiene. Effective oversight and auditing of infection control measures are in place. The service has sufficient stocks of PPE.

Environment

The accommodation is homely, comfortable and benefits from recently updated structural changes to the building and decor and furnishings. We observed the environment to be free of clutter throughout. We saw people sitting in the kitchen and lounge of the bungalow and in the comfort of their bedrooms which were personalised to their tastes.

There is an effective system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. This is managed by the manager at the service under the guidance of the RI. The sample of three bedrooms viewed had facilities and equipment that is suitable for the individuals.

Improvements have been made to ensure the premises comply with current legislation and national guidance in relation to fire safety. 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. Structural changes have been made to the environment to enable people to evacuate the premises in an emergency such as a fire.

Entry to the service is safe and documents are stored securely. 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 care documentation is treated sensitively ensuring people's privacy is upheld.

The laundry room and laundry systems are based on promoting people's independence. Appropriate systems are in place and all laundry equipment is in working order. There is an organised storage area for household waste and clinical waste bins. Storage of substances which have the potential to cause harm is sufficient because we found materials used for cleaning are stored in an appropriate locked cupboard.

Leadership and Management

The service provider has innovative governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose and Guide to Service, which are regularly reviewed. We saw policies and procedures are in place and reviewed regularly.

People can be assured that the service provider has strong 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 monitoring reports which were consistently good and completed at the required frequency and amount. Recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service and the service management team conduct 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. The RI told us of investment such as *“coaching sessions for the manager; paying staff above the real living wage; progression plans for care workers to improve their wage prospects and qualifications; working towards staff to decarbonise their travel.”*

Staff recruitment pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision, appraisal and training is very strong. 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. 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. There was some use of agency staff but this is kept to the minimum amount. People living at the home told us *“I like it here; the staff are good”* and a relative commented *“The staff are very good.”*

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
57	Health & Safety - The Fire Risk Assessment and Personal Emergency Evacuation Plans (PEEPS) do not ensure there are safe staffing levels at night in case of an emergency. Ensure that the Fire Risk Assessment and PEEPS are reviewed to ensure there is safe staffing arrangements in place.	Achieved

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
36	Staff training records were not up to date. Ensure all staff receive appropriate up to date training for their role.	Achieved
58	A sufficient supply of medicines was not maintained. Ensure there are sufficient supplies of medicines available when needed at all times.	Achieved

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