



## Inspection Report on

**57 Tir Morfa**

**Port Talbot**

## **Date Inspection Completed**

08/04/2024

**Welsh Government © Crown copyright 2024.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About 57 Tir Morfa

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	10 & 14 November 2022
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 very satisfied with the care and support they receive at Tir Morfa. There is information available for staff to understand how to best meet people's care and support needs. People live in a homely environment that is warm, clean, and suitable to meet their needs. The building is safe, well maintained and people have their own space.

There are positive relationships between staff and residents as staffing at Tir Morfa has improved and management is established. Residents have choice and control over their lives and are supported to be as independent as possible. People have their own personal routines and do the things that matter to them both in the community and at the service.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care staff are knowledgeable, respectful, and caring. Safety equipment is in place and health referrals are made to promote peoples' health and well-being.

The service provider has developed robust systems to enable them to capture people's views and has successful systems to develop person centred information. The management team have put effective checks and processes in place to keep service delivery under review.

Improvements have been made to assessments, reviews of personal plans and monitoring of mattresses. There have also been improvements in health and safety, the environment and staff support and development.

## Well-being

People have control over day-to-day life. People indicated to us they get on well with staff and commented, *“the staff are nice, they’re good to me”* and *“I like them.”* Records show people are offered choices to make everyday decisions. A relative confirmed this by telling us *“My relative is supported to be involved in lots of things he chooses to do.”* The Responsible Individual (RI) told us they regularly speak with people who live at the home and their families about what is important to them and how to best support them. Staff told us they feel valued and very well supported by the management team. They also felt that there were good opportunities to learn and develop working at Tir Morfa. A care worker commented *“you get good support, manager and deputy are very approachable.”*

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatry and community nursing. This is also confirmed by comments from a visiting healthcare professional who told us they are satisfied with the care at Tir Morfa. People are happy and receive support from professional staff who know them well.

People can do things that matter to them and feel valued in society. Records show people are supported to take part in various activities that are important to them. We saw colourful photograph displays at the service which illustrated activities and events that people participated in. People and their families told us they are supported to do as much as they want.

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 home tell us they feel safe and secure.

People live in suitable accommodation, which overall supports and encourages their well-being. People’s bedrooms contain personalised items of their choice and are suitably furnished. They have facilities, which encourage their independence and enables them to have private time. Tir Morfa Care Home is a well-maintained welcoming environment where people feel part of the local community. People enjoy the company of each other and are well respected by staff.

## Care and Support

People get the right care at the right time. The staff at Tir Morfa have built positive relationships with people. Staff have an excellent understanding of people's needs and provide support with kindness, compassion, and care. People we spoke with were positive about living at Tir Morfa. Care documentation is thorough, robust and contains the required information. Personal plans of care clearly highlight people needs and how these should be met. These documents are reviewed regularly to ensure they are kept current and accurate. This is important as these documents guide staff on how to care for people. We saw evidence that staff at Tir Morfa work closely with external professionals and apply any advice or guidance into personal plans of care.

People can do things that matter to them when they want to do them. We saw a range of highly creative activities available which are meaningful to people. People indicated to 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 surfing, rugby exercise, cinema, dining out and bird watching. People are also supported to get involved in the running of the home by taking part in assisting with fire checks and car checks. Records show people have access to local community facilities and attend church.

People are supported to have control of their lives. People have personal daily routines and make their own decisions about when to get up in the morning, when to go to bed at night and how they spend their time in between. People are encouraged to remain as independent as possible and supported to attend education and social activities of their choice within the home and the community.

The service has safe systems for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. This consists of regular stock checks and monthly in-depth audits. Medication administration records (MAR) are accurate, and the audit process identifies mistakes with appropriate action taken. Staff who administer medication complete training and have six monthly competency reviews. The medication cabinets are secured. As and when required medication (PRN) was appropriately administered in line with instructions.

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 home is clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place and the home has sufficient stocks of PPE.

## Environment

People live in an environment that meets their needs. Tir Morfa is a residential bungalow located in a suburb of Aberavon that has local amenities and good transport links. The home is set over a single level in a quiet cul de sac and benefits from communal space that enables people to spend time alone or with the company of others if they prefer. There are enough bathrooms and toilets within the service which are clean and in working order and there is a recently renovated kitchen diner with a lounge off this. The external garden area is well kept and organised with seating and areas of interest, but the raised flower beds require renewing which was discussed with the service manager.

The property is well maintained and it is warm, welcoming, and clean. It has been recently redecorated in places with some work still in the process of being completed. We are told there is continual updating of the property where needed. The property appeared clean throughout. People are cared for in single bedrooms which are comfortable, decorated to their taste and contain people's personal items. People are free to access their rooms or communal space as they wish and are encouraged to make bedrooms as personal as possible.

People can be assured they live in a safe environment. On arrival we found the main entrance secure and we were asked for identification and to sign the visitors book before being permitted entry to the home. The environment is homely and clutter free with hazards reduced as far as possible. Harmful chemicals are locked away safely. Safety checks to the building including testing of gas and electricity take place within legal timescale and any repairs are completed without delay. There is a fire safety risk assessment in place and all residents have a Personal Emergency Evacuation Plan (PEEP) which is important as this document guides staff on how to evacuate people in the event of an emergency.

The service is registered as a care home but functions as a supported living environment with domestic arrangements in place for laundry facilitated by staff. Appropriate systems are in place to avoid cross contamination and all laundry equipment is in working order. There is an appropriate storage area for household waste which was well organised.

## Leadership and Management

There are highly effective arrangements in place for the smooth running of the service. The manager is well respected in the service and has highly effective support from the senior team which includes coaching. They are visible in the service daily and workdays to suit the needs of the service. Care workers were complimentary of the manager and senior team and many told us they would always come out and help or cover for staff absence to ensure people's needs would always be met. The Manager completes weekly walk around audits in the service and there is effective communication with the RI. We viewed the statement of purpose (SOP), which accurately reflects the service and what it can support people with. We looked at a random selection of policies and procedures and saw these are reviewed routinely and updated to reflect any changes in legislation.

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.

People are supported by care staff who are very safely recruited, feel supported in their roles and receive training to ensure their needs can be met. We looked at two personnel files. Documentation to evidence safe recruitment was available within each file, this includes identification checks, full employment history reference checks and up to date Disclosure and Barring Service (DBS) checks. We saw the training matrix which showed staff were mostly up to date with mandatory training. Staff records have improved and indicate care workers are up to date with supervision and appraisals. We spoke to care workers who were all happy in their work and very complimentary of the support they receive and the training they have completed. However, we discussed with the manager that training for Assisted Eating and Drinking needs to be strengthened.

There are extensive arrangements in place for the effective oversight of the service. Since the last inspection, the provider's internal auditing system has reported improvements in the service. These audits include, health and safety, medication, and quality audits. We saw the quarterly RI visit reports which evidences feedback discussions with people, relatives and staff and overview of documentation reviewed in the service. The Bi-annual quality of care review was also seen and met legal requirements. Team meeting recordings included detailed explanation of instruction for staff along with photos to ensure staff understood.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
------------	---------	--------



N/A	No non-compliance of this type was identified at this inspection	N/A
36	Not all staff members received annual appraisal and supervision at the required frequency and amount. Ensure all staff receive regular supervision and appraisal and that these records are available when requested.	Achieved
16	Not all people received a review of their personal plan as and when required but at least every three months. Ensure all people receive regular reviews of their personal plan.	Achieved
18	Service provider initial assessments were insufficiently robust and lacked sufficient involvement of people using the service in the development of the assessment. Ensure people are involved in the development of their assessment and that these are sufficiently robust.	Achieved
44	The premises were insufficiently maintained with several areas requiring updating. e.g. Bathroom and bath, kitchen and external areas of the home. Ensure the relevant works are completed in a timely manner.	Achieved
57	Records of health and safety checks such as legionella prevention and health and safety audits were not consistently carried out. Ensure health and safety audits are completed and recorded appropriately.	Achieved
44	Monitoring of airflow mattresses settings were not regularly checked to ensure they are set on the correct setting was not in place.	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 02/05/2024