



Inspection Report on

Ty Derwen

**Ty Derwen Residential Home
Kendon Road Crumlin
Newport
NP11 4PN**

Date Inspection Completed

14/03/2024

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
You must reproduce our material accurately and not use it in a misleading context.

About Ty Derwen

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	TL Care Homes Limited Liability Partnership
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	23 February 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 happy with the care and support they receive and the environment they live in. Care staff are confident in their roles and enjoy working at the home, they feel very well supported by the management team. A good range of activities are offered on both group, and one to one basis.

Peoples care needs and preferences are clearly recorded in their personal plans. At the time of our inspection, care staff did not always have access to these plans which is an area to be improved.

The home benefits from an experienced manager, who is talked about positively by staff, residents, and visitors. The Responsible Individual (RI) visits the home regularly, but improvements are required with their recording of visits and completion of reports.

Well-being

People have control over their day-to-day lives, as much as possible. People and their families are provided with information on what they can expect from the home, and how they will be involved in decisions that may affect them. Care staff build meaningful relationships with people by spending purposeful one-to-one time with them and seeking their views on an ongoing basis. People are supported to maintain relationships with their friends and families. Visitors are made to feel welcome and talk positively about the friendly atmosphere at the home. One visitor told us *“The staff are all as good as gold, the manager is always around, the communication is excellent, and the food is very good.”*

A range of stimulating activities help support people’s emotional wellbeing; the rapport between care staff and people is respectfully familiar, and we observed pleasant fun interactions. Care staff are attentive and consider peoples preferences. The mealtime experience is a relaxed and sociable time of the day, which people enjoy.

People are protected from harm as care staff know what to look out for and how to report any concerns if required. The provider has a Safeguarding policy which is aligned to current best practice, and the manager ensures the policy is understood and followed by all staff. Well established protocols protect people from having their freedom restricted unnecessarily. The manager reports any restrictions that are required to keep people safe to the Local Authority, using the necessary process.

Care and Support

The manager considers a range of information about new residents before they come to live there. This ensures the home can meet people's needs and preferences. At the time of our inspection, the home was changing from paper-based care records to electronic records. The personal plans held electronically are thorough and detailed, explaining clearly to care staff how best to support people to achieve their desired outcomes in each identified area. We found care staff did not always have access to these plans and were, at times, working from printed one-page summaries which did not contain sufficient information or detail. It is important that care staff have full access to people's personal plans at all times to refer to, so that people are supported in accordance with their agreed plans. This is an area for improvement, and we expect the provider to take action. The RI assured us this would be rectified as a matter of urgency.

Care staff know the people living at the home well and treat them with compassion, dignity, and respect. We observed call bells being responded to promptly and sympathetically. People told us staff were always quick to help with anything they needed, including emotional support if they were feeling low in mood. Good consultation arrangements ensure people are able to express their views. People have choices about the activities they engage in, menu options, and with their daily routines.

Care records are completed to evidence people are being supported as described in their personal plans. Not all record entries are comprehensive enough, with some brief descriptions and gaps in recording charts. The manager assured us she would address this with care staff. Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). All appointment records and outcomes for review are kept within the daily notes. People are encouraged to maintain a healthy weight as part of a healthy lifestyle.

Systems are in place for the safe management of medication. Care staff support people with their medication, which helps to maintain their health. Most medication records are completed accurately. Some processes are under review to ensure there is more consistent recording in all areas. Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance.

Environment

The environment supports people to maintain their wellbeing and achieve their desired outcomes. The layout of the home, together with the provision of aids and adaptations, helps promote independence. There is a reminiscence corner in the entrance area, with well displayed reminders of days gone by. These include fashions, holiday camps, and ration books which are intended to stimulate thoughts and encourage conversation, particularly for people living with dementia.

The home is warm, light, and well maintained, the manager told us some worn carpets were due to be replaced. People's bedrooms are personalised to their own taste, people have family pictures, posters, and ornaments in their rooms. The home is well equipped and spacious. Furniture and fittings are all in good condition. Potential environmental risks are assessed, and measures put in place to minimise all identified risks. Regular audits are carried out on the environment to ensure safe standards are maintained.

The front door is kept locked and our identity was checked on entry. This evidences care staff follow procedures to ensure safety is maintained. We viewed the maintenance file and saw all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms are completed, and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support them to leave the premises safely in the case of an emergency. The home has a rating of four from the food standards agency which means that food hygiene standards are good.

Leadership and Management

The manager oversees the day-to-day running of the home, supported by the deputy manager. The management team all know the people living at the home well and are supportive of care staff. The RI visits the home frequently but has not, to date, made records or reports to evidence there is effective oversight of the running of the home. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Sufficient staffing levels are in place to meet the care needs of people living at the service. Care staff told us they have enough time to support people and are not rushed. Staff respond to requests from people in a timely manner and interactions are friendly, encouraging, and respectful. People are supported by staff who are knowledgeable, competent, and fit to care for people living in the service. Staff told us they enjoy their jobs, feel valued and well supported by the management team.

Care staff are safely recruited. The staff files are well organised, and contain most of the required information, including Disclosure and Barring Service checks and professional registration with Social Care Wales, the workforce regulator. Some minor gaps were found in personnel records which the manager assured us they would address. Care staff complete a range of training courses, including regular refresher courses in mandatory areas such as safeguarding people at risk of harm. Care staff receive regular supervisions which provide staff with the opportunity to discuss any concerns or training needs they may have and allow their line manager to provide feedback on their work performance.

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
------------	---------	--------

15	At the time of the inspection, care staff did not have access to peoples full personal plans. This is important so that care staff can ensure people are being supported in line with their planned needs and preferences.	New
8	The measures in place for monitoring and reviewing the service provided are not effective enough to ensure improvements are made to the quality of care and support provided by the service.	Not 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 30/04/2024