



# Inspection Report on

**Ty Bryn Residential Care Home**

**TY BRYN RESIDENTIAL HOME  
OLD LANE ABERSYCHAN  
PONTYPOOL  
NP4 7DG**

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## **Description of the service**

Ty Bryn Residential Care Home is located in Abersychan, Torfaen, with local shops, a park and bus links nearby. Ty Bryn is registered with Care Inspectorate Wales (CIW) to provide care and accommodation for up to 28 people. The service has a nominated responsible individual named Adam Durlucia. The home has a manager who is registered with Social Care Wales. On the day of our visit, there were 26 people in residence.

## **Summary of our findings**

### **1. Overall assessment**

Residents' well-being is promoted through good relationships with staff and they have choice in daily living activities. There is a well established staff team who know the needs of residents well and provide care in a calm, dignified and reassuring manner. There is appropriate choice of home cooked meals and daily activities for all residents. Overall, people's needs are appropriately anticipated; however, there are some gaps and inconsistencies in care documentation. The environment is comfortable and safe for the people living in the home and management maintain an oversight of health and safety. The responsible individual and management team have a visible and responsive presence at the home. Staff are generally well vetted and receive appropriate training and support.

### **2. Improvements**

This is the first inspection undertaken following the re-registration of the service under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **3. Requirements and recommendations**

Section five sets out our recommendations to improve the service. Please refer to section five for further detail.

# 1. Well-being

## Summary

Residents' well-being is promoted through good relationships with staff who are responsive to residents' needs. There is a choice of home cooked meals available and residents' nutritional needs are promoted. A range of activities are available for residents to partake in, varying from group to 1-1 activities.

## Our findings

Residents are supported to do things that matter to them. The home employs a full-time activities co-ordinator who arranges activities Monday to Friday. We saw information clearly on display detailing planned activities for the week ahead. During our inspection, we observed residents enjoying playing a beanbag target game in the lounge area. Residents were appropriately supported and we noted warm and encouraging interactions between staff and residents. We spoke with the activities co-ordinator, who told us that they plan activities with residents' input. Examples included a book club, daily exercises with input from a physiotherapist, a history group, a singing group and a monthly church service and communion. Ty Bryn also had a minibus, which was used to support residents to access the community, including shopping trips and meals out. The home had linked with a local primary school, facilitating visits from the children to perform songs to the residents. In addition to these group activities, a focus was placed on 1-1 activities and smaller group activities, which were person centred. Residents we spoke with were positive about activities in the home and the activity co-ordinator told us that the manager was 'very approachable' if there was a need for any new activity equipment. We spoke with a visiting professional who told us that there was "always something going on here". The manager and activities co-ordinator informed us that care staff support with activities on weekends when needed, to ensure that residents who may not have weekend visitors receive social stimulation if they so wish. We conclude that organised activities give residents the opportunity to engage and be stimulated.

Residents' well-being is promoted through good relationships with staff. We observed that staff interacted with residents in a warm and friendly manner. We spoke with six residents who were all positive about their relationships with care staff and the care and support they received. One resident commented: "they're [care staff] nice". We saw that residents were addressed by their preferred names and staff showed familiarity with them. Staff we spoke with told us that staff morale was good, with comments including "we all work well together" and "I do love it". This evidences that interactions are positive and residents have good relationships with staff working at the home.

Residents can be assured that their dietary needs will be catered for and a choice of meals will be available. Feedback from residents and consideration of the home's food menu indicated that a variety of meals was offered appropriate to residents' needs. The menu reflected a good variety of options and kitchen staff told us that other choices could be

provided if preferred. Daily care records we examined indicated that residents' food and fluid intake was monitored. Residents we spoke with were complementary of the home cooked food provided. We observed residents having lunch and saw that support was timely and appropriate. We noted that the dining area was pleasant, with tablecloths, condiments and flowers on all tables giving a homely feel. A visiting professional told us *"they [residents] have choice and like the home cooked food"*. We conclude that residents' nutritional needs are promoted and mealtimes are a positive experience.

## **2. Care and Development**

### **Summary**

Staff interactions with residents are respectful and caring. Overall, residents' needs are appropriately anticipated; however, there are some gaps and inconsistencies in the care documentation, which needs strengthening.

### **Our findings**

There are appropriate processes in place to ensure the safe receipt, storage and administration of medication. We looked at the medication room and saw that it was secured with a lock. For medication requiring refrigeration we saw that temperatures of the refrigerator were monitored and recorded on a daily basis, which ensured the medication was not compromised. We examined medication records and saw that MAR (Medication Administration Record) sheets were in place for each resident with medication along with a photograph of the resident. We examined a sample of MAR sheets, and saw that they were signed by staff when medication was administered. We conclude that medication procedures in the home are adequately robust.

Care staff are familiar with the needs and preferences of the residents; however, care documentation is not completed consistently. Overall, residents' care plans and risk assessments were reviewed at appropriate intervals; however, the information contained was not always consistent with risk assessments that were in place. We examined the care plan and risk assessment for one resident and saw that information regarding pressure areas was inconsistent. We spoke with staff to establish what care they provided to this resident, followed by a conversation with the manager. The responses we received indicated there was a consistent understanding of the right care to be provided as directed by the district nursing team involved with the pressure wound care of this resident. This indicated that there were appropriate care practices; however care documentation processes need reviewing as a priority to ensure consistency. Examination of pressure relief recordings evidenced that staff were providing pressure relief at the required intervals; however, we noted, at times, recordings were in different places which made information difficult to follow. This indicated that the recording system for pressure relief needed strengthening for clarity and to enable smoother auditing of the records. We discussed this with the manager and responsible individual, who informed us that they would review the care plan and risk assessment as a priority to ensure the information was current and consistent. They also advised us that they would introduce daily pressure relief recording checks by a senior staff member. We examined care documentation for two further residents and saw that care plans and risk assessments had been reviewed and were consistent. We noted that residents' likes and dislikes were documented and this information was used by the activities co-ordinator to assist in the planning of activities in the home. We conclude that people are generally provided with the right care at the right

time; however, care documentation review processes need strengthening as a priority to ensure all information is reflective of the residents' current needs.

Residents are supported by a stable and dedicated care team. The responsible individual and manager told us that the home had an excellent staff retention record and this was backed up by staff we spoke with, many of whom had worked at the home for a number of years. Staff told us that they felt valued and well supported, with regular supervision and opportunities for informal supervision when required as management had an 'open door' policy. Comments we received from staff included:

*“Very good support”, “They’re [management] fabulous” and management are “very approachable”*

We judge that staff continuity is good and they are valued and supported in their role.

There were an appropriate number of staff employed at the service that had the knowledge and skills required to provide care and support to the residents. Staff we spoke with told us that there were sufficient staff on the floor working and that the manager/deputy manager were usually available if additional assistance was needed. We examined the staff rota and saw that appropriate numbers of staff were planned for. This evidences that management ensure adequacy of staff at the home, based on the number and needs of residents.

### **3. Environment**

#### **Summary**

The environment is comfortable and safe for the people living in the home and management maintain an oversight of health and safety.

#### **Our findings**

The home is comfortable, clean, personal and spacious. We undertook a tour of the home and saw that there was ample communal space, with a large lounge area, smaller 'quiet' lounge, visitors lounge and large dining area. Residents had access to a level patio area outside adjacent to a pleasant grassed area where flowers were starting to bloom. The home had created a vintage café area in the grounds of the home, complete with drinks facilities, vintage crockery and furnishings. The café was accessible to all residents and visiting family members. A passenger lift provided access between floors and each floor stairway was secured by keypad with residents having access to the codes as appropriate and in line with their care plans. Bedroom doors were personalised with the name of the residents and pictures which were meaningful to them. We judge that, people's well-being is promoted within an environment that is suitable to their needs.

Residents generally live in a safe environment that is well maintained. On the day of our inspection visit, the home appeared well maintained and furnishings and décor were in a good state of repair. The home had its own in-house maintenance person, resulting in any needed repairs being actioned in a timely manner. We examined a number of servicing and maintenance certificates on file that evidenced facilities, such as hoisting equipment, were safe to use. We also saw evidence of regular fire safety checks and fire alarm maintenance records. The home had a locked front door, with a buzzer system to alert staff to visitors arriving. There was also a visitors' book to keep a record of who was in the home at any given time. On our arrival, a visiting professional allowed us access to the building without checking identification or ensuring that a member of staff saw us. We immediately came across the manager, who advised that they would raise this with the professional and their manager. The home's manager later confirmed that they had spoken with the visiting professional's manager and the matter was being raised during their team meeting that day, to ensure that they did not allow external people to gain access to the home. We examined maintenance records and saw that the fire alarm system was tested weekly, and an evacuation drill had been completed in the last year. Personal emergency evacuation plans were kept in both residents' individual care files and in a separate file in the office, for easy access in an emergency. We saw that the home had been inspected by the Food Standards Agency and given a rating of 4, indicative of 'good' kitchen hygiene practices. We conclude that the home provides a well-maintained and, on the whole, secure environment for residents.



## 4. Leadership and Management

### Summary

Overall, we found that both the responsible individual and manager are approachable, supportive and maintain a visible presence in the home. The home has a clear vision and purpose and quality assurance processes are in place. On the whole, staff are well vetted and trained. All staff receive supervision and an annual appraisal in line with regulatory requirements.

### Our findings

The responsible individual (RI) maintains their responsibility to review the quality of care provided at Ty Bryn. As the service had only recently been re-registered under new legislation, we were not expecting to see evidence of quality assurance as stipulated in the new regulations. We outlined the expectations of the RI concerning formalising the quality assurance process; however as the RI was new to the role, additional methods may be required to strengthen the quality assurance process. This will be considered further at the next inspection. The home sought formal feedback from residents using a variety of methods. They engaged with an independent volunteer service, which visited the service approximately every 6 weeks and met with residents to provide them with an opportunity to talk in private about their experiences of living in the home. At the time of the inspection, the volunteer service was visiting residents at the home. We spoke with the volunteer visiting, who told us the service is was a *“very well run home”*. They told us that they endeavoured to meet with new residents as a priority and advised that residents *“have nothing but praise”* and the home has *“a good manager”*. We also examined residents and relatives meeting minutes, the last having been held in December 2018. We saw that, generally, these were well attended and a clear agenda was set, whilst also being flexible in allowing residents to raise or discuss any matters. The responsible individual and manager informed us that the feedback obtained from the volunteer service would be incorporated into the quality assurance reports. We conclude that people are consulted about the service they receive and that the registered provider demonstrates a commitment to quality assurance and constant improvement.

The home’s vision and purpose is generally clear within its statement of purpose. This is an important document, which should be kept under review. It should provide people with detailed information about the services and facilities offered within the home and should also outline the home’s underpinning philosophy and approach to care delivery. We noted that there were some deficits in relation to quality assurance and governance information within the statement of purpose and this needs reviewing to ensure all required information is in the statement of purpose. We will follow this up at the next inspection. We had a discussion with management during our visit regarding Welsh language provision and were informed that, at the time of our inspection, there were no Welsh speaking residents. However, should a Welsh speaking resident wish to move to Ty Bryn, we were told measures would be put in place to facilitate the use of Welsh where possible. This shows that overall, the home provides clear information so that people know and understand the

care, support and opportunities that are available to them. However, the statement of purpose needs to be reviewed to ensure required information relating to quality assurance and governance is contained within.

Residents are cared for by care staff who have generally been well vetted, supported and trained. We examined three staff personnel files and identified two gaps in employment that had not been accounted for. These were for staff that had been in employment at the home for a number of years. The manager assured us that recruitment systems have been strengthened and this was evidenced in the staff personnel file of a newer member of staff. It was evident from the staff personnel files examined that the necessary pre-employment checks to ensure that staff were fit to work at the home, such as references and disclosure and barring service (DBS) checks, had been completed and found to be satisfactory. Staff told us that they had sufficient training to undertake their roles competently. They also told us that they felt supported, and the staff personnel files we examined evidenced that staff had received regular one-to-one supervision. One staff member described their induction and training as “good”. This indicates that staff are, on the whole, recruited, supported and trained in a way that improves outcomes for residents.

People are able to raise complaints and compliments about the care provided at Ty Bryn and this is dealt with appropriately. We examined the home’s complaints records and saw that one complaint had been received since the home registered under RISCA. This was clearly documented, along with the actions, outcomes and timescales. We also saw evidence of a thank you card, which had been sent by the family of a resident, which was complimentary of the care that had been provided. The manager informed us that complaints records were audited monthly. We examined the home’s complaints policy and procedure and saw that this was detailed. We conclude that complaints raised with the home are dealt with in a timely manner.

Management at Ty Bryn maintain a robust accident and incident recording system. We examined the home’s accident and incident records and saw that these were documented appropriately, with monthly analysis and audits in place to identify any themes and patterns. This evidences that management maintain clear oversight into any accidents or incidents that may occur at the home.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This is the first inspection visit undertaken since the re-registration of the service under RISCA legislation.

### **5.2 Recommendations for improvement**

We made the following recommendations to promote good practice at the service:

- Care plans and risk assessments of residents with pressure relief needs should be reviewed as a priority, to ensure information contained is reflective of current needs and is consistent.
- Recording systems for residents receiving pressure relief support should be strengthened as a priority to ensure that this is all documented in one place, thus making auditing processes easier to manage.
- Review the statement of purpose to ensure quality assurance and governance information within is in line with regulatory requirements.
- Gaps in employment history should be accounted for and noted in the staff personnel file.
- Recordings of involvement of residents in care reviews should be strengthened, including documenting when a resident has declined involvement in this process.
- The wording in documents that relate to CRB (Criminal Record Bureau) checks should be updated to reflect the change in name from CRB to Disclosure and Barring Service (DBS).

## **6. How we undertook this inspection**

This was a full, post-registration inspection. We made an unannounced visit to the home on 15 January 2019 between the hours of 09:40 and 18:10. Further information was sent to us by the manager following this visit. The following were used to support our findings for this report:

- Review of information about the service held by CIW. This included records of notifiable events and concerns received since re-registration.
- Discussions with residents, staff and the management team.
- Observations of care practices and interactions between staff and residents.
- Review of three residents' care documentation.
- Review of three staff personnel files.
- Review of staff supervision and appraisal records.
- Review of training and DBS records.
- Examination of one staff and four service user questionnaires.
- Examination of staff meeting minutes and resident/relative meeting minutes.
- Examination of accident/incident records and complaint records.
- Examination of maintenance records.

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## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Amaranth care ltd</b>
<b>Manager</b>	<b>There was a manager in post at the time of inspection, who was registered with Social Care Wales.</b>
<b>Registered maximum number of places</b>	<b>28</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	This was the first inspection undertaken following the re-registration of the service under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
<b>Dates of this Inspection visit</b>	<b>15 January 2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>No</b>

### **Additional Information:**

This is a service that does not provide an 'Active Offer' of the Welsh language. This may be because the service is situated in a primarily English speaking area and the provider does not currently intend to offer or promote a Welsh language service.

We recommend that the service provider considers Welsh Government's '*More Than Just Words follow on strategic guidance for Welsh language in social care*'.