



## Inspection Report on

**Ty Penrhos**

**Ty Penrhos  
2 Beddau Way  
Caerphilly  
CF83 2AX**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

13 September 2022

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## About Ty Penrhos

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	83
Language of the service	English and Welsh
Previous Care Inspectorate Wales inspection	
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 who live at Ty Penrhos are happy and like their care workers. Their well-being is compromised as the provider has not identified the support required to manage changes that have happened in the service over the past eight months. Staffing levels need consideration to provide better opportunities and outcomes for people. Care and support is provided by a compassionate staff team who work to make a difference to people's lives and well-being. Care plans have been improved but consistency is required throughout the home around care documentation and records. People have access to specialist health care if they need this and the service shows that they monitor people's health and put measures in place to maintain or improve this.

The environment is bright, warm and appears clean, but there are signs that people's safety is compromised as poor carpet condition and lack of staff to provide thorough deep cleaning in some areas is increasing risk of spread of infection.

The provider has appointed a responsible individual (RI) to have oversight of the service. They are new to the role. A manger is also new in post. These changes, in addition to organisational demands around recording systems and budgets has put pressure on the home so that care delivery has been compromised. The local authority and health board nurse assessors are working with the home to secure improvement and sustainability. We expect the service provider to take action to support the service to adapt to the current demands and ensure that the service is provided with sufficient care, competence and skill.

## Well-being

Information is available and people live in a home where they feel they belong. People have access to information that helps them to understand what the service offers but this does not clearly outline the staffing levels and attention someone is able to get, as and when required. The home is split into smaller units where people get to know others who live there, and regular staff who support. There has been a larger than usual turnover of staff that means people don't always have chance to develop good working relationships with staff members, but a core of familiar faces provide some continuity.

People live in a home that mostly helps them achieve their identified goals, but there are risks that basic care cannot be effectively delivered. Pre-admission records, risk assessments and care plans outline what a person would like to achieve. This informs staff how they can help the person to meet these goals. Due to a change over of recording systems, there are gaps in information, but the manager is aware and working with the team of leaders to ensure these are complete and consistent. Care workers have training, including specialist training such as nutrition and skin care. Nurses and managers monitor clinical needs and involve external health professionals if this is required. People are at increased risk of not receiving appropriate support to maintain and improve their well-being. Activities are arranged and people take part if they are able. People who are cared for in bed have not had the level of one-to-one support to promote their general well-being and staff explain they haven't got the time to provide even a hand massage. While some families comment positively about the communication, care and support, others raise concerns regarding difficulty in communicating with the home, and also comment that at times there doesn't seem to be enough staff. Regular staff have been under pressure to care and support due to changes of staffing levels imposed by the organisation and a larger than average turnover of staff. Basic care, such as providing someone support to eat, is in place, but this is not provided in a timely manner.

People are able to voice their opinions, but opportunities are not consistently provided. People we talked to felt able to raise concerns if they had any. People have information on how to raise a concern, and when concerns are raised, the manager demonstrates that these are quickly resolved. The provider uses tools such as surveys to gain feedback about the service and quality of care. These are considered, and action plans produced to help improve areas that need attention but we found that the analysis of the information is selective and does not demonstrate that the provider has listens to all that people have to say.

The safety and protection of people is considered by the provider. Care workers tell us they have appropriate training, including an awareness of 'Safeguarding' so they know how to protect people and raise concerns if they suspect any form of abuse. The building is secure

and visitors are asked to sign in. People are mostly protected from risk of infection, but due to staff shortages, deep cleaning of some areas of the home has not been possible. Carpets that are overdue replacement also pose a risk to health and safety, in addition to well-being as we found they had a bad smell.

## Care and Support

People have information available to them before they decide to live at Ty Penrhos in a 'Service User Guide' and 'Statement of Purpose.' Pre-admission assessments are carried out by a suitable member of the care team so that as much information can be gathered about an individual as possible, but the documentation around this was not available during inspection. Personal plans are in place containing relevant documentation including risk assessments and care plans. Previously identified improvements around care plans have been made, with better format and prompts for staff to ensure consideration is given to all aspects of a person's needs and support requirements. We also saw some improvement in the detail within individual daily notes, and the documenting of involvement of people in reviews, but this was not consistent throughout the service. We saw gaps in records as care workers did not have the time to enter information about an activity as soon as it happened. Staff are also required to enter the same information on several different documents, which is time consuming.

Care is delivered by a team of care workers and nurses who know individuals very well. We saw positive relationships between people and staff, and care being delivered in a respectful manner, though sometimes this was rushed. Appropriate care including repositioning, and providing assistance to eat, was seen during the inspection visit. Clinical needs are met by regular qualified nurses. Choices of when to get up, dressed and when to eat are offered when possible, but documents at the service evidence that people do not receive choices at times when staffing levels are affected by sickness or absence. Staff tell us "*It's the little things that have gone, like having time to hold someone's hand and have a chat.*" People have appropriate referrals to external health professionals including chiropody and mental health services. Families of people we spoke to and people themselves are mostly happy with the care received and have no concerns about the service. One family told us that communication is good and they are kept informed and involved, especially as they represent the person who lacks capacity. One family member lacked confidence in the service providing appropriate care.

People enjoy a variety of organised activities, including trips into the community. Currently the service is advertising for an additional activity co-ordinator member of staff so that more opportunities can be offered to people. Care workers provide social interaction with people when they can and encourage people to engage with each other. The dining experience varies throughout the service. Where possible and appropriate, people are supported to sit at dining tables to enjoy a homecooked meal. We saw good practice on one unit but are told that this is not always the case. We saw care workers and nurses providing sensitive support for people when assisting to eat, working under difficult circumstances on units where staffing levels are below what is required at mealtimes. Consideration needs to be

given to the effective monitoring of meal times to ensure standards are maintained and sufficient staff is available to ensure timely assistance can be provided on all units.

## Environment

This is a focussed inspection so the environment has not been considered in full.

The purpose built home is bright, warm and spacious. People have their own bedroom with en suite facilities, and choose to personalise their rooms if they wish. The home has separate areas called units where people of similar needs live. Each unit is managed independently by a nurse lead. A communal area called 'The Street' is well-used and provides opportunities for social activities and interaction by people from all units. We saw how this was effectively used by one unit to support people who are more independent to sit at a dining table together, as if in a restaurant.

The provider has demonstrated efforts made over the past year to address repairs and renewals that were outstanding and part of an area for improvement identified through inspection. Further work is required, particularly to ensure bedroom carpets are replaced as some are worn and can not be cleaned effectively, contributing to a bad odour in some areas of the building.

Thorough deep cleaning of all areas has not been undertaken due to staff shortages and long-term sickness of members of the housekeeping team. The provider has not made alternative arrangements to support maintaining staffing levels in house-keeping, so people cannot be confident that infection prevention and control is of a high standard.



## Leadership and Management

A newly appointed responsible individual (RI) has visited the home, consulted with people and staff, and generated a report to reflect their findings around quality of care. All reports we requested have not been provided. One report from 2021 showed some data collected was not given sufficient consideration and requires revisiting, including statements around people feeling 'lonely.' Policies are available. A 'Statement of Purpose' which is a document that explains what people can expect from the service is in place, reviewed regularly, and can be made available in the Welsh language. The document is not clear about staffing levels, only mentioning overall hours of care, so people who want to use the service cannot easily understand how many staff will be available at any one time. A newly appointed manager for the service feels supported by immediate line managers, but there is a lack of evidence that they have been fully supported to undertake the new role and demands the organisation has imposed, such as staffing levels due to budget reviews.

People are supported by a staff team who are knowledgeable, qualified and skilled but the staffing levels implemented in July and August on some units as part of budget reviews need to be re-considered. Care workers and nurses told us that there is insufficient staff on some units to provide good care and support, with standards of care impacted by low staffing numbers. We saw evidence of this in records, but improvements were secured during the first two weeks of September when staffing returned to previous levels. The provider is using a dependency tool to help calculate the staffing levels required, but this is not effective by itself. The local authority commissioners and local health board nurse assessors are supporting the service, helping them to identify appropriate staffing levels and ways to improve the streamlining and accurate recording of care provided. We observed that some staff on some units had time to sit together to talk before or during an activity such as lunch, while on other units, people could not be supported to eat in a timely manner as staff were so busy.

Ty Penrhos has been subject to many changes over the past eight months, including managerial personnel, organisational structure and documentation formats demanding that all paperwork around care planning needed review and re-writing. These changes along with budget reviews have had a negative impact on staff throughout the service, with morale very low. There has been a larger than average turnover of staff which has also impacted on the service, with indicators that several other staff have considered leaving. The responsible individual is considering the difficulties the workforce has faced through recent months and plans to work closely with the service to secure stability in the team and endeavour to increase morale. We asked for evidence of how the service has been supported during this time to adapt to the changes and understand the required changes due to budget reduction, but we have not received this. We found that areas for improvement within the home, including infection prevention, care documentation and

delivery have been impacted by many factors, but could have been prevented if the service provider had suitable systems in place to support changes and ensure that the service is provided with sufficient care, competence and skill. This is an area for improvement and we expect the provider to take action. This will be tested at the next inspection.

### 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
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6	The service provider is not ensuring that the service is provided with sufficient care to prevent impact on people when changes are implemented.	New
44	The service provider is not ensuring that the property is properly maintained; this is because one balcony is leaking, allowing water to enter the home. There are temporary measures in place to help prevent this happening, but a permanent, reliable solution is required. The responsible individual explained the delay in repair due to lack of availability of suitable steel (possible causes being the Pandemic and Brexit), and gave assurances that the temporary solution is effective and monitored weekly. Areas within the home are in need of refreshing, and storage units in some sections of the home need replacing to allow safer storage of food items.	Achieved
15	The service provider is not ensuring all personal plans reflect more personalised outcomes that individual's identify as important to them. This is partly because care plans for specific areas have a health focus, making care very task orientated. Opportunities are missed to capture people's social and family history to inform what might be important to someone. Where staff have naturally identified something that an individual likes, it is not always reflected in the care plan, so not all staff are aware of the importance. Where there is a record of people's interests, outcomes around this are not recorded and care plans not provided. Where people lack capacity, representatives are not involved in identifying outcomes outside of health care matters. Personal plans do not evidence that the person or representative have been involved in this. The organisation has identified this as an area for development and are working on ways of ensuring people's outcomes will be recorded and measured, but as this remains a work in progress, the service is in breach of regulatory requirements around this.	Achieved
16	The provider is not ensuring that people or their representatives are involve in personal plan reviews. Outcomes are considered but are mostly set around health, not reflecting what may truly be important to the person. When monthly reviews around weight show weight loss, the care plan is not updated with the relevant action required to support the individual on the Nutritional Pathway.	Achieved



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