

Sun Care Homes Limited

Ty Gwyn Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Ty Gwyn Residential Care Home is a residential care home that was providing personal care to eight older people with learning disabilities at the time of the inspection.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance, with the exception that the home accommodated more than six people. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen and the staff within this service were exceptional in ensuring this was the case for people living at this home.

People's experience of using this service:

The provider had failed to ensure financial stability and at the time of inspection, the home was under administration and was up for sale.

Improvements were required to ensure people had all their healthcare needs met, for example, their dental care.

Improvements were required to staff training to ensure they were effectively trained in all areas of care.

People regularly commented about the kind and caring nature of staff, and felt they were well treated.

Staffing arrangements were good and people were enabled to pursue activities they enjoyed.

Staff understood people's risk assessments and had measures in place to reduce those risks.

Appropriate arrangements were in place to manage people's medicines.

People were supported to give consent to their care and appropriate systems were in place to support the principles of the Mental Capacity Act.

People were encouraged to be independent and staff respected people's privacy.

People's care plans had personalised information about people's care needs and had good guidance to staff about how to meet people's needs.

There was not a registered manager in place however the appointed manager was in the process of applying to become registered.

The manager supported an open and inclusive culture and encouraged staff to work together as a team.

We have made a recommendation for the provider to arrange regular dental appointments for all people who require it.

Rating at last inspection:

Good (published 11 October 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our Well-Led findings below.

Ty Gwyn Residential Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector.

Service and service type:

This is a care home without nursing, supporting older people with learning disabilities and/or autistic spectrum disorder.

The service did not have a manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service. We also contacted health and social care

commissioners who place and monitor the care of people using care services, the local authority safeguarding team and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During the inspection we spoke with five people who used the service, and one relative. We also spoke with one member of care staff, an activities co-ordinator, the deputy manager and the manager. We looked at two people's care records and two staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, staffing rotas, and arrangements for managing complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. They felt at ease and able to talk to staff if they had any concerns. One person said, "It's such a wonderful place, I enjoy living here."
- Staff had an understanding of their responsibility to report any concerns of abuse. One member of staff told us, "I can report safeguarding's myself, or I can report up the chain [of management]." Staff understood what could constitute a safeguarding concern and were confident that if they were reported they would be addressed and resolved appropriately.
- Safeguarding investigations were completed in an appropriate manner.

Assessing risk, safety monitoring and management

- People had risk assessments in place. Each person's risks had been identified, managed and were regularly reviewed.
- For example, people at risk of falls had their risk assessments regularly reviewed, and updated if a person had experienced a fall.
- Risk assessments had appropriate guidance to staff about how to safely manage people's risks, and appropriate measures were in place to reduce those risks.
- Regular safety checks took place to ensure the premises were safe.

Staffing and recruitment

- Staffing was adequate to meet people's needs. There were enough staff on duty to keep people safe and support them to carry out activities they enjoyed.
- The staffing team were stable with many members of staff having worked at the home for a number of years. They knew people's needs and preferences and enjoyed spending time with them inside the home or out in the community.
- Safe staff recruitment practices were followed. Staff had appropriate checks before they were able to provide care to people.

Using medicines safely

- People told us they received their medicines appropriately. One person said, "I've got [a medical condition] and I always take my tablet at 8pm, they [the staff] always remember."
- Staff were trained in medicines management and had their competency to administer medicines assessed.
- People had easy read guides and summaries available about the side effects of the medicines they took.

Preventing and controlling infection

- People had advice and guidance available to them about clean and hygienic practices, particularly regarding preventing the spread of germs.
- Staff had Personal Protective Equipment (PPE) available to support hygienic practices during personal care.

Learning lessons when things go wrong

- The management team acted to improve the service when things went wrong.
- The managers worked with staff to understand how things went wrong and involved them in finding solutions. They continued to monitor new practices to ensure these were embedded. For example, when one person had experienced problems with their taxi service, staff acted on this and reviewed how they could improve the experience for the person.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support

- Improvements were needed to ensure people had the support to manage their longer-term healthcare needs effectively. We found that people had not been supported to visit a dentist for over two years following the retirement of their regular dentist. The manager told us they would make arrangements to find another dentist for people after the inspection.
- People were supported to have their healthcare needs met on a daily basis, and staff offered support to people when they were unwell.

We recommend the provider arranges regular dental appointments for people living at the home.

Staff support: induction, training, skills and experience

- Improvements were needed to the training arrangements. New staff had not been enabled to complete the Care Certificate, a basic training programme for staff new to care.
- Existing staff were asked to complete refresher training however not all staff had completed this. The manager told us this had been identified in supervisions and staff would be expected to complete the required training.
- Staff told us they felt well supported by the manager and had regular supervisions. One member of staff said, "They [the staff and management] couldn't be more supportive. It's been a great experience coming here."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they went to live at the home.
- The manager met people and their relatives, or others involved in their care to gain a comprehensive understanding of their diverse needs, including their equality characteristics.
- People had the ability to decide on how and when they moved into the home. For example, one person came for several day visits, so they could be familiar and comfortable with the home and the staff. Another person moved straight into the home and staff spent time getting to know and understand their care needs with the involvement of them and their relative.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to eat well and have a nutritious diet. One person said, "I can choose what I want to eat."
- Staff were knowledgeable about people's dietary requirements and ensured these needs were met effectively. For example, if people were at risk of malnutrition, staff monitored their weight and supported them to eat well.
- People had access to snacks and drinks throughout the day and people were comfortable asking for them

if they wanted them.

Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's needs and had involved other agencies when required. For example, when staff identified that one person had swallowing difficulties, they contacted the Speech and Language Therapist (SALT) for support and advice for the person.

Adapting service, design, decoration to meet people's needs

- The home was designed and adapted to meet people's needs, including those with mobility issues.
- People were able to spend their time in a choice of communal areas, or their bedrooms if they wished.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.
- Care plans had been developed with people's involvement and staff asked people for their consent before they provided any care.
- When people did not have capacity to make their own decisions, best interest decisions had been made to help ensure people received personalised care that met their needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave lovely feedback about the caring approach of the staff at the home. One person said, "The staff are very kind and will help you in any way [they can]." Another person said, "The staff are very nice, I like being at home [here]."
- Staff were friendly, encouraging and supportive to people. One member of staff said, "This has always been like a family home. We've got so much passion for the people here."
- People's care plans contained information about their equality characteristics and preferences. Staff respected each person's diverse needs and treated people in a respectful manner.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were fully involved in making decisions about their care. We saw one member of staff sitting with one person and their relative explaining different options about their care and how they could spend their time.
- Staff gave people plenty of time to express their views, they were patient and encouraging. Staff were keen to listen to people's ideas and adapt their care as people required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with great dignity and respect. We saw staff asking people discretely if they would like some support to use the bathroom and people were encouraged to be as independent as possible.
- People who enjoyed spending time in the community were enabled to do so, with and without staff support.
- People were able to assist with household tasks they enjoyed, for example, one person said, "I like helping to tidy up." This helped people to feel a sense of responsibility and independence which they appreciated.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were put in place once people moved into the home. They contained personalised information which reflected their personal preferences.
- Care plans also reflected people's diverse needs and equality characteristics including sexuality and religious wishes, which care staff made arrangements to support when required.
- Each person was able to consider their circle of support and who would help ensure they received the care and support they required. This also helped staff gain a history of people's lives and gave them meaningful areas to talk about.
- The home had systems in place to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs. For example, the manager had easy read guidance available regarding the side effects of each person's medication.
- People were able to participate and arrange activities they enjoyed. One person said, "I like going out. I've been to the theatre, on a steam train. I like musicals, and we do colouring here too." We saw that people were supported to play games they enjoyed, and staff offered encouragement and support to enable them to participate.

Improving care quality in response to complaints or concerns

- At the time of inspection, no complaints had been received within the last 12 months.
- Systems were in place for people to make a complaint or raise a concern. For example, guidance was on display about how people could make a complaint and easy read guidance also explained the complaint procedures.
- The manager made themselves available and had an open-door policy to support and encourage people to share any concerns.

End of life care and support

- People were given the opportunity to express any wishes they had about end of life care.
- At the time of inspection, the service was not supporting anyone at the end of their life.
- The manager had an awareness of end of life care and confirmed that training had been arranged for staff to develop their understanding.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was under administration and at the time of inspection, Ty Gwyn Residential Care Home was up for sale. However, the care consultancy firm had taken control and had made improvements to the service. The consultants had helped to stabilise the service however at the time of inspection, this had been over a short period of time and the stability of the service could not be confirmed during this inspection.
- The service did not have a registered manager in post however there was an appointed manager who was going through the registration process.
- There was a lack of understanding about the timeliness of submitting statutory notifications to the CQC and as a result, some notifications had been delayed.
- Auditing systems had failed to identify the action required to ensure people and their longer-term healthcare needs were effectively supported.
- The manager had a drive to improve the quality of the service. Since they had been appointed they had reviewed and updated care plans, so they were easy for staff to follow.
- Staff felt more involved and engaged in the running of the home and understood their roles. Staff and management worked together to ensure everybody received the care they preferred.
- Quality assurance systems were in place, they highlighted areas for improvement. For example, an audit of people's care plans highlighted that some information regarding people's legal power of attorney was missing and the registered manager took action to remedy this.

Working in partnership with others

- The manager worked with other agencies involved in people's care, for example, taxi services and charity organisations including Age UK.
- The manager accepted improvements were required to how they monitored and worked with all healthcare services, for example the dentist. The manager had committed to making improvements in this area.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was under administration and the manager recognised the stress and confusion this could cause for people. They worked well to provide reassurance and support for people. They were keen to involve people and their relatives and maintain a sense of openness about the process. We saw that the manager had written to people and their relatives when they joined the home and invited them to meet with her and share any thoughts or concerns to people's care.

- At the time of inspection, no duty of candour investigations had been required.
- The home displayed their CQC rating in a prominent place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives, told us that they felt able to share their views whenever they wished but they also provided feedback at a regular residents meeting. We saw that when people made suggestions these had been acted on.
- Surveys had also been sent to stakeholders to gain feedback about the service. The results were very positive, and the manager confirmed they would be sending another survey out through the year.
- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's 'equality and diversity' policy.

Continuous learning and improving care

- The manager was committed to continuous learning and improving care. They told us, "When I arrived there were no reviews of accidents or incidents. I have put audits in place for this." We saw that this helped to review if there were any trends or patterns to accidents and incidents.
- Staff told us they were always striving to be better and they worked together as a team to review what was working well, or if there were areas for improvement. They shared ideas during staff meetings and handovers and felt this helped improve people's care.