



# Inspection Report on

**Ty Aberdafen**

**The Brain Injury Rehabilitation Centre  
The Avenue Morfa  
Llanelli  
SA15 2DP**

## **Date Inspection Completed**

30/10/2024

**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.gov.uk](mailto:psi@nationalarchives.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## About Ty Aberdafen

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	The Disabilities Trust
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	27 April 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

## Summary

People and their relatives are happy with the care and support provided at Ty Aberdafen and speak highly of the staff who provide this support. Care staff treat people with kindness and respect. They live in a comfortable and welcoming environment which is warm, clean and suitable to meet their needs. There is good information available for staff to understand how to best meet people's care and support needs. There is an established Responsible Individual (RI) in post and a newly appointed manager registered with Social Care Wales.

Staff are available in sufficient numbers and have a mix of skills to adequately provide care and support to people but there is a reliance on agency staff to maintain staff levels. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary. There are opportunities for people to take part in activities at home and in the local community but this could be further strengthened.

The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under constant review. Priority action is needed with monitoring of health and safety and improvement is needed with fitness of staff records and staff supervision and appraisal.

## Well-being

People and their relatives are happy with the care and support provided. There is good information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff. Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. Ty Aberdafen has an appropriate safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The service manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority. Staff recruitment needs improvement as pre-employment checks records are not always completed robustly prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

People can mostly do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. Throughout our visit we observed activities taking place facilitated by care workers. There are areas designated for cinema, sensory room, music and games and a gym. People told us they enjoy taking part in a variety of activities. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's care records.

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 enable them to have private time. The building is mostly well-maintained and safety checks are mostly completed when required. The service employs a maintenance officer for the home who consults with specialist contractors.

The service provides the Active Offer of the Welsh language. This means being proactive in providing a service in Welsh without people having to ask for it. While no one currently in the home is a Welsh-speaker, some staff members speak Welsh and there is bilingual signage around the premises.

## Care and Support

People mostly get the right care at the right time. The staff at Ty Aberdafen have developed positive relationships with people. Staff have a good understanding of people's needs and provide support with sensitivity and care. Personal plans of care highlight people's needs and how these should be met. We saw evidence that staff at the service work closely with its own clinical staff such as psychologists, physiotherapists and occupational therapists as well as external professionals and apply any advice or guidance into personal plans of care. However, we discussed with the manager the need for person centred information about the individual needs to be developed more robustly.

People can mostly do things that matter to them when they want to do them. We saw a range of activities available which are meaningful to people. People told us they enjoy taking part in a variety of activities. Activities include therapies, gym, quiz/trivia, aromatherapy, hairdresser, armchair exercises and more. People are also supported to get involved in the running of the home by taking part in ordinary tasks of daily living. Records show people have some access to local community facilities. However, people told us that more opportunities to take part in meaningful activities including accessing more community based activities is needed on a consistent basis.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw care workers assist people in a relaxed and respectful way. Most people ate their meals at dining tables which had tablecloths, placemats, cutlery and condiments in place. Staff assist residents and are aware of people's dietary requirements. There was a menu displayed for people to choose what to eat but they were verbally told what was on the menu. Where people do not like what is on the menu, an alternative is offered.

Medication processes are safe and sufficient. Medication is stored safely and administered in line with prescription. There are Medication Administration Record (MAR) charts in place that contain required information and are mostly signed correctly when medication is administered. There are oversight processes in place with regular auditing of the administration of medicines. Staff have their competence checked to continue administering medication on a regular basis.

## Environment

The accommodation is spacious, comfortable and benefits from good quality decor and furnishings. We observed the environment to be free of clutter throughout. We saw people sitting in the lounge areas, using the cinema room and gym and in the comfort of their bedrooms which were personalised to their tastes. The outdoor space can be accessed independently if required. This space is well maintained and is used for outside entertaining when the weather permits.

There is a system of monitoring and auditing, which supports a maintenance schedule and renewal programme for the fabric and decoration of the premises. The sample of bedrooms viewed had facilities and equipment that is suitable for the individual. We discussed with the manager one of the bathrooms needs to be reviewed to consider replacing the bath which is not in use.

Priority action is needed with oversight of health and safety with regular audits of the environment. Regular inspection of the electrical installation is required within legal timescales. We discussed with the manager that monitoring of health and safety checks need to have oversight to ensure consistency of this process and that oversight of response times to nurse call alarms needs to be in place to ensure people receive a timely response when called. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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 mostly wear appropriate PPE and follow correct procedures. We discussed with the manager that the service is mostly clean and tidy but consideration should be given to strengthening the housekeeping staff team. We also discussed cleaning schedules are in place but oversight of this needs to be strengthened to ensure sufficiency of cleanliness.

Laundry is well organised. Appropriate systems are in place and laundry equipment is in working order. There is an area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

## Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. There are arrangements for the oversight of the service such as systems for assessment and care planning but monitoring of health and safety requires strengthening. The service is provided in line with the objectives of the Statement of Purpose which is regularly reviewed. People and families gave us positive feedback about the care provided. Policies and procedures contain review dates.

Quality assurance processes are in place which monitor and improve the quality and safety of the service. We saw appropriate action is mostly taken immediately. We discussed with the manager that the quality assurance policy would benefit from including information for care staff to understand what is required by them such as audits of health and safety and care.

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.

Improvement is needed with staff selection and vetting systems. Records showed all the required recruitment documentation was not always in place. We saw evidence that pre-employment checks including references and disclosure and barring service certificates were not always available when seen by us. These checks are important as they determine a person's suitability to work with vulnerable people. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There are sufficient numbers of staff in place but there is a reliance on using agency staff to cover gaps in the rota which the manager assured us this was actively being addressed. We discussed with the manager where replacement staff are used, they should be familiar with and have a good understanding of the individuals whom they are providing care and support.

Improvement is needed with staff supervision. Staff are not always provided with support and development through appropriate supervision. We discussed with the manager the need to ensure there is oversight of staff supervision and analysis of this. Supervision is important as it offers an opportunity to discuss any practice issues or needs in a setting that is recorded. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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
57	Electrical Installation Condition Report was not acted upon promptly and monitoring of health and safety records were incomplete. Ensure the Electrical Installation Condition Report is acted upon promptly and that health and safety monitoring is sufficiently robust and consistent.	New

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.



Area(s) for Improvement		
Regulation	Summary	Status
35	Staff records were incomplete. Ensure there is a full record of the staff who are caring for the people at all times.	New
36	Not all staff members received timely supervision support. Ensure all staff receive regular supervision.	New

### **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** 28/11/2024