



Inspection Report on

Ty Ffynu

Abergavenny

Date Inspection Completed

23/08/2023

Welsh Government © Crown copyright 2023.

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 Ffynu

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PARKCARE HOMES (NO.2) LIMITED
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	31 March 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 living at the service are complimentary about the service. They have good relationships with staff who know them well. Individuals are encouraged to develop their living skills to be as independent as they can be. They are supported to be healthy and encouraged to take part in hobbies and chosen interests. There are effective governance arrangements in place. The management team have a good understanding of the needs of people living at the service. Staff are trained and developed to conduct their roles. Staff recruitment practices have been strengthened which ensures people are safe as staff working at the service are fit to do so. The environment meets the needs of people living at Ty Ffynu. Currently, the service is without a Responsible Individual (RI), the organisation has continued quality monitoring whilst Care Inspectorate Wales (CIW) considers an application from a nominated person.

Well-being

People have autonomy and choice over their lives and are treated with dignity and respect. Individuals told us they are consulted about all aspects of their care and support. Staff are available to support individuals whenever they need them. Independent advocacy is available for people when needed and positive risk taking is encouraged for the personal development of individuals. One person told us, *“It’s really nice here the staff are so supportive”* another said, *“this is the best place I’ve been in.”*

People are healthy and can do things that make them happy. Individuals have regular support from healthcare professionals provided by the organisation. They are encouraged to learn and develop skills to promote their independence. Individuals are supported to take part in leisure, work, and creative activities. People using the service take part in poetry writing, coffee mornings, yoga, table tennis and visiting local places of interests. A person told us, *“Staff encourage us to do things that interest us.”*

People are safeguarded and supported by trained staff who are safely recruited. Individuals are supported to make their concerns known to others and have confidence in this being dealt with by the management team. To raise awareness safeguarding is added as an agenda item to resident’s monthly meetings. Staff are trained and registered with Social Care Wales, the workforce regulator. They are safely recruited to work with people living at the service.

The environment supports people to achieve their personal outcomes. The home is welcoming, comfortable, clean, and well-maintained. The home is large enough to provide space for socialising and privacy, with comfortable communal living areas.

Care and Support

People are consulted about how they prefer to be supported. People's personal plans are person centred and set out how staff can support individuals to achieve their outcomes. We saw evidence individuals are involved in development of the plans. A person who recently moved into the service told us their admission was well-planned. They said they settled quickly at Ty Ffynu and were happy to be living here.

Reviews of people's plans need strengthening. The service has introduced an electronic document system which requires embedding and sustaining. We found reviews are not consistently taking place. The manager provided assurance staff have received the necessary training and this matter will be addressed.

Staff have a good knowledge and understanding of people's needs. A keyworker system provides each person with a designated staff member, which supports consistency and familiarity. Close working relationships between people and care staff enables any change or deterioration in a person's health to be recognised. Care staff are available to provide emotional support to individuals whenever necessary. People are complimentary of the care staff who support them.

Individuals are encouraged to achieve personal goals, develop skills and independence. Risk assessments support individuals with their health care needs and daily living skills. Staff receive training in the recovery star model to further support individuals achieve their personal outcomes.

Environment

People benefit from a safe and secure environment. There is sufficient oversight of health and safety at the service. Appropriate arrangements are in place to ensure risks to people's health and safety are identified and dealt with. Records show checks are carried out around the home to identify and address issues promptly. The service has a maintenance programme, with routine maintenance taking place. Regular checks of the fire alarms take place at the home 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 safely in the case of an emergency.

Leadership and Management

Governance, auditing, and quality assurance arrangements are in place to support the running of the service. This oversight ensures a good-quality service, focused on meeting the needs of individuals and promoting their wellbeing. The quality assurance team continues to monitor the service in the absence of an RI. Visits are taking place to gather the views and opinions of people living at the service. The most recent quality of care review identifies areas for development and improvement.

The manager is suitably qualified for the role and registered with Social Care Wales. The manager knows people well and demonstrates commitment to providing strong leadership, ensuring effective day-to-day management and oversight of the service. The manager is supported closely by a deputy manager; they both manage a second service in the company. Regular staff team meetings support the provision of good-quality care. Care staff told us that the management team are approachable and always there to help or advise when required.

The service has systems in place for the safe recruitment of staff. Disclosure and Barring Security (DBS) checks are in place and current. Care staff are registered with Social Care Wales, the workforce regulator, or the application is being processed. Staff personnel files contain information required by Regulations to ensure they are safe and fit to work at the service.

Newly appointed care staff complete an induction programme which includes training, shadow shifts and competency checks to ensure they can perform specific care tasks. Staff training records indicate care staff have access to a variety of training opportunities, and care staff have completed a good level of training. Care staff are provided with one-to-one support, through supervisions and annual appraisals.

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

N/A	No non-compliance of this type was identified at this inspection	N/A
35	The required pre employment records for care staff are not all currently held by the service	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 21/09/2023