

Inspection Report on

Ty Nant

56 Francis Street
Thomastown Tonyrefail
Porth
CF39 8DS

Date Inspection Completed

13/12/2023



About Ty Nant

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Integra Community Living Options Limited
Registered places	13
Language of the service	English
Previous Care Inspectorate Wales inspection	6 December 2022
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture

Summary

Ty Nant provides support to adults with personal care and primary mental health needs. People receive support from staff who are suitably trained and supported. They have personal plans which detail their individual care needs and personal outcomes. These are reviewed on a regular basis. People are complimentary about the positive relationships they have with support workers and office staff. Staff feel well supported and are happy in their roles. A good standard of hygiene and infection control is maintained to reduce risks of cross infection. Support workers can still access personal protective equipment (PPE) easily and supplies are evident at the service. The Responsible Individual (RI) has Quality assurance procedures in place and carries out their regulatory duties. Appropriate Regulatory notifiable events are formally notified to CIW.

Well-being

The service supports people's rights and choices. People's individual needs inform their personal plan, and changes are recorded. The service asks people and their relatives about their wishes, involves them in the planning of their care, and supports them to have meaningful outcomes. People's needs, and risks to safety and well-being, are documented. Risk assessments include thresholds for support workers to intervene. Key working sessions with individulas and care plan reviews are being carried out.

We received really good feedback about the standard of care. People speak highly of the support workers, they told us support workers are kind, patient and respectful, as well as considerate about their individual situation, wishes and dignity. Up to date written information about the service and advocacy access is available.

The service safeguarding systems reflect current government procedures and protect people from harm. There is a safeguarding policy to provide guidance to staff. Support workers receive specialist training in addition to core training to support them to meet people's individual needs. Support workers know their responsibilities and are able to keep people safe and well supported.

People's wellbeing is improved by the redecorating, refurbishment, and maintenance work that has been carried out at the service since our last inspection. People are able to spend time in their own bedrooms or in the home's indoor and outdoor communal areas. People's bedrooms are personalised and further painting and decorating and refurbishment work is planned for these. There are suitable arrangements in place for the staff team to report any maintenance issues so these can be addressed. A good standard of hygiene and infection control is being maintained to reduce risks of cross infection. Support workers can access personal protective equipment (PPE) easily and we saw good supplies available at the service.

Care and Support

The service considers a wide range of information about people prior to them moving into the service. Information is gathered from the person, relatives and relevant professionals and an initial support plan is developed. Personal plans are detailed and provide clear guidance to support workers as to the needs and planned outcomes for individuals. Progress has been made in ensuring that these are regularly reviewed with people, since our last inspection.

Plans are clear, reflected individual needs and give the information needed to support people. Where possible people and or their relatives are involved in developing their plan. Risk assessments are in place. The service works closely with specialist health care professionals such as mental health teams and district nurses.

There is an emphasis on recognising at an early stage signs a person may be becoming unwell. Support workers have a good awareness of various techniques which may be used to support individuals to manage their behaviours. Support workers commented positively on the quality of the training and induction they received. One staff member told us 'I'm happy...enjoy the work...have a good work home life balance'. And of the management team 'Great...Flexible...Approachable'.

People have positive relationships with support workers and office staff. One person told us 'I like it...I'm happy here'. Interactions between support workers and people are positive.

People are supported to access the community. They do this independently or with support. People are encouraged to take part in meal preparation, laundry and housekeeping. Some people have their own flats and cook separately.

People can have support with medication if they require. There is an up to date medication policy in place, and support workers have training in the administration of medication. Regular medication audits are undertaken. Issues around recording of daily medication room temperatures, gaps in some medication administration records, and the controlled drugs book not always doubly signed has been identified by the service as an area that requires strengthening and action plans are in place.

Ty Nant consists of three properties adjacent to each other and a fourth property consisting of two apartments. On arrival, we found external doors secure to prevent unauthorised access.

People who live at Ty Nant can leave either independently or with staff support. People are asked to tell a staff member when they are leaving and an approximate time of their return for fire safety purposes.

Support workers have sufficient PPE available to reduce the risk of infection. The service has appropriate infection control measures and visiting procedures. There are sufficient supplies of PPE and this was evident at the service.

Maintenance, painting and decorating, and some refurbishment work such as replacement kitchen units, flooring, and repairs has been carried out across the three houses since our last inspection. There are plans for further refurbishment work including re-decorating of people's bedrooms.

Medication and other confidential information is stored securely. Restricted areas are locked and are only accessible to authorised people.

We saw people's personal space is set out in a manner which reflects their individual preferences and care needs. We saw relatives and professionals are involved in best interest decision making and information is appropriately recorded within people's care files.

Records relating to health and safety such as gas, electricity, and portable appliance testing (PAT) are in place. Fire evacuation drills are undertaken and people have personal emergency evacuation plans (PEEPs) in place. Internal safety checks in relation to fire safety are mostly maintained and a fire safety risk assessment is in place. There are now plans to nominate individual staff to ensure these safety checks are maintained as regularly as required going forward. Regular Health and Safety audits are carried out.

Leadership and Management

There are systems in place to support the smooth operation of the service and ensure the care and support of individuals enables them to achieve their personal outcomes. Policies and procedures are in place and are regularly reviewed. The service is delivered in line with the statement of purpose (SOP). The service produces a written guide to provide people with information about the service. This includes information about the complaints procedure and advocacy services.

Quality audits and checks are in place to ensure the service continues to meet people's needs. Communication with relatives is regular to update them on developments and gain feedback about the service and share ideas for possible improvements.

The vision, values and purpose of the service are clear and actively implemented. The RI carries out three monthly visits and six-monthly quality assurance reports. These visits involve meeting people and support workers to gain their views on the service provided. The six-monthly quality assurance reviews also involve a detailed look at a range of aspects of the way the service is delivered such as environmental assessments, safeguarding and other incidents. It also sets out areas of improvements that have been identified including the issues with medication recording and further refurbishment plans. There has been good progress at the service to ensure regulatory incidents and events are notified to CIW.

Support workers at the service are supported and trained to ensure they have the skills and knowledge to support people to achieve their personal outcomes. In addition, they receive specialist training such as positive behaviour management. Support workers have regular supervision and annual appraisals, and regular team meetings are held to keep them up to date and address any issues identified. Support workers are aware of, and understand, the All Wales Safeguarding Procedures, and a policy is in place. Recruitment documents are up to date with appropriate Disclosure and Barring (DBS) checks in place.

The service is working towards providing an active offer of the Welsh language. We saw an information board at the service with the 'More Than Words' document and other Welsh words, recipes, complaints procedure, and other information in the Welsh language. The manager told us that if a person wants the statement of purpose or service user guide in Welsh this is available.

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
60	The provider must ensure that formal notification is sent to CIW of all notifiable events including safeguarding incidents	Achieved
16	The provider must ensure that people's care plans are reviewed on a regular basis at least every 3 months	Achieved

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