



Inspection Report on

Ty Alarch

Merthyr Tydfil

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

01/12/2023

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About Ty Alarch

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cygnnet Behavioural Health Limited
Registered places	6
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the first inspection following RISCA registration.
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 are treated with dignity and respect and receive support to make choices about aspects of their day to day lives. A person centred approach helps the service to understand and support people's personal outcomes. Detailed plans assist staff to identify the level and type of support people require. Ongoing reviews ensure information remains up to date and current. Care staff respect individual preferences and routines. People receive support to occupy their day engaging in meaningful activities and maintaining contact with family and friends. Risk assessments contain information on how to keep people as safe and well as they can be. Medication is managed effectively.

The environment is homely, secure, and clean. Care staff are happy working for the service and feel supported. Policies and procedures are in place to promote people's safety and well-being. Recruitment checks are completed to a good standard, and staff receive regular training and supervision. There are good systems in place to monitor the quality of care provided to people.

Well-being

People can contribute to decision making. People are involved in the development and reviewing of their personal plans to ensure care is provided in a way they like. Mealtimes are flexible and people can take part in shopping, choosing food items and the preparation of meals and menus. Daily routines are understood and respected by staff. People can choose which skills and areas of life they wish to develop to support their independence. Individuality and identity is recognised and supported. The responsible individual (RI) speaks with people and staff to gather feedback about the service and to determine if any areas need improvement.

The provider has arrangements in place to make sure any risks to people's health and safety are minimised as far as possible. Staff tell us they know who to contact and what to do if they believe a person is at risk. There are suitable auditing systems and procedures in place to ensure staff can safeguard those people they care for. Safe recruitment checks are completed, and care staff have access to safeguarding training and policies.

People can be assured their physical and emotional needs are met. Personal plans provide care staff with specific information on how to support people on a day-to-day basis. Staff we spoke with have a clear understanding of the people they care for. The service supports people to maintain contact with family members and those important to them. Health and social care professionals are involved in people's care and referrals are made in a timely manner. The service has systems in place to help people discuss and express their emotional well-being. Medication administration, storage, and recording is of a good standard.

The environment is well maintained. The service ensures the environment is well appointed and health and safety measures are in place. People can decorate their rooms to reflect their interests and personalities. We found the building to be warm, welcoming, and clean. People have sufficient space to spend time privately in their bedrooms or make use of the communal facilities as they prefer.

The provider does not currently provide an 'active offer' of the Welsh language.

Care and Support

Staff treat people in a kind manner and interactions are supportive and friendly. The staff team have a good understanding of people's individual needs and behaviours which may present risk. On the day of the inspection visit we observed the manager take immediate action in response to a change in a person's wellbeing. Care staff monitor people's health and encourage them to remain as well as they can be. Peoples concept of identity is fully considered, respected, and supported. We noted people are encouraged to become as independent as possible and staff support participation in cooking and housekeeping tasks. Although we were unable to speak to people on the day of inspection, we observed them being supported by staff who were patient and understanding.

Documentation is clear and up to date. We viewed a selection of personal plans and found these contain clear information for staff to follow. Plans outline peoples physical and emotional care needs, social, community and educational goals and aspirations. We saw evidence that plans are created in consultation with people and a range of other professionals. Individual goals are considered and reviewed regularly to ensure they remain up to date and accurate. Professional recommendations are documented and followed by staff. Risk assessments guide staff on how to mitigate any risks, consider triggers and provide strategies on how to manage these effectively. They also ensure people remain safe whilst promoting wider opportunities outside the service. As this is a newly registered service social and educational opportunities continue to be developed.

People receive support to manage their medication. We found medication to be stored securely and safely. Each person has an individual plan which outlines the level of medication support they require and any identified risks. The service recognises and supports those people who are able to self-medicate. Ongoing discussions ensure any changes or issues around medication administration are recorded and addressed. Care staff complete regular medication audits and stock checks. There are up-to-date medication policies in place which care staff told us they are familiar with.

Environment

People are supported in a suitable environment. Bedrooms are decorated to a good standard and communal areas appear warm, well presented, and clean. People are encouraged to bring belongings to personalise their rooms to their own tastes. Kitchen and laundry facilities can be easily accessed to support independence. The manager advised they have been consulting with people living at the service to further develop the enclosed rear garden. The hope is to maximise the garden space to develop a vegetable patch and seated areas.

People are cared for in a safe environment. There is a fire risk assessment in place, care staff organise fire drills and regular testing of fire safety equipment and smoke detectors. We saw all residents have a Personal Emergency Evacuation Plans (PEEP), which describes how people should be evacuated in the event of an emergency or fire. We viewed the maintenance file and saw gas; electricity safety testing and water checks are all up to date. Other relevant checks including general house risk assessments are completed. We found the building in a good state of repair with maintenance works being carried out quickly.

Leadership and Management

People can be assured they are supported by staff who are trained and receive ongoing supervision. Care staff tell us they receive regular supervision to help them reflect on their practice and to make sure their professional competence is maintained. On examining the supervision matrix, we found evidence all staff have received individual supervision sessions. Staff tell us they receive adequate training and feel sufficiently skilled to undertake their roles. The training matrix showed all staff have completed core mandatory training as well as additional specialist courses appropriate to the people they support.

People benefit from good leadership and management. We viewed staff rotas and found the service has sufficient permanent staff in place without the need to use agency workers. Policies and procedures provide guidance so care staff can understand their role and how they should provide care and support. The registered manager has systems in place to support regular monitoring of day-to-day practices. The financial viability of the service was discussed with the RI who provided assurances on behalf of the provider that there are no concerns regarding this area. The RI visits the service routinely and seeks feedback from people and staff to support improvements. Regulatory quality assurance reports are completed in a timely manner.

Staff feel valued and recruitment checks are robust. Staff we spoke with tell us that they are happy working at the service and feel well supported by the management team. All staff benefit from regular team meetings to discuss any service changes and updates. Care staff describe the team as supportive and the manager as approachable and available. Comments include *“it’s a lovely place to work”* and *“there’s lots of support; good training and regular supervision.”* Personnel files contain all the necessary documentation. The service considers whether potential employees hold the relevant skills and are of good character. All staff are registered with Social Care Wales, the workforce regulator to show that they have the right values, skills, and training.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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