



Inspection Report on

Ty Coch

**105 Station Road
Llanishen
Cardiff
CF14 5UW**

Date Inspection Completed

23 May and 30 May 2022

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About Ty Coch

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Linc Cymru Housing Association
Registered places	68
Language of the service	English
Previous Care Inspectorate Wales inspection	02 December and 07 December 2021
Does this service provide the Welsh Language active offer?	This is a service that is working towards the 'Active Offer' of the Welsh language.

Summary

Following the inspection in December 2021 we issued priority action notices which requires urgent action to be taken. This was a focused visit to follow up on the progress made.

We found that improvements to the service have been made. The new management team works closely together to develop systems to monitor if they are achieving people's personal outcomes. There is improved oversight by the Responsible Individual (RI) as they regularly visit and produce a quality care report to evaluate the effectiveness of the service. Generally, people can be confident that their personal outcomes are being met and clinical needs are monitored. People are given the opportunity to engage in activities to improve their social and emotional well-being. There is improved consultation with people using the service and staff team which keeps the RI well informed. Overall, people receive support from a sufficient number of care staff but there needs to be better oversight of how they are deployed in the home to be responsive when needed. The service strives to recruit and retain staff in the home. We identified some areas for further improvement, care and support is not always provided in line with people's personal plans, some hazardous items are not stored away safely and there is a lack of arrangements in place to support and develop new staff for them to carry out their roles and responsibilities effectively. The service provider was responsive and took action to address the issues. The service provider must ensure that the improvements made are embedded in the service.

Well-being

The service understands the value of supporting people to have access to stimulating social activities. We saw motivated activity coordinators that take time to get to know people's interests and hobbies to engage with as many people as possible. Additional activity equipment has been purchased to stimulate people's sensory and memory impairment. Individual and group activities are available. We saw people preparing for the Queen's Jubilee, which they enjoyed, and are looking forward to celebrating at the home.

People live in an environment that is personalised and appropriate equipment is available to promote safe movement. People's personal space is warm and personalised with items that are important to them. Items that can be hazardous should be stored away securely. People are appropriately assessed when equipment is required. Where appropriate people are given call bells to use when assistance is required, and we saw care workers being responsive. People can be confident that there are arrangements in place to manage infection control within the home.

People have a voice, and the service supports their views. The Responsible Individual (RI) has taken the opportunity to seek the views of people, their representatives, and staff. Their feedback was valued, and action taken to make improvements. People particularly enjoy the weekly social coffee mornings to meet friends and share their views or plan future events at the home.

People can be confident that there is clear leadership of the home. Since the last inspection there has been a change in the management team which staff told us '*They are approachable and supportive*'. We observed management being visible in the home to provide clear direction and leadership. The staff told us '*They ask us how we are and offer support*'. The RI regularly visits the service and uses key information to evaluate the quality and effectiveness of the home.

Care and Support

People benefit from meaningful interactions and support from staff to meet their social and emotional needs. People told us they are given an opportunity to attend a regular coffee morning to socialise with others and share their views about the service. Since the last inspection, there are activity coordinators available to organise group and individual activities to promote inclusion. There is an activity programme available which varied from, arts and crafts, sensory, therapy dogs, spiritual sessions, music, reminiscing, beauty therapy etc. Also, activities had been considered considering people's preferences and interests. We saw people benefiting from enjoying being in the company of their family and friends.

Most of the people's care and support plans are reflective of their needs. The daily care records show that generally people receive the care and support required. However, we noted that there are some delays in visual checks, continence changes and pressure relief. There needs to be improved oversight to ensure that people receive the right support in accordance with their care plan.

People receive regular health care checks and support to access such services. The General Practitioner visits the home regularly to assess and monitor people's health care. Also, we found that referrals had been appropriately made to seek specialist advice and intervention when needed. There are detailed treatment plans in place for the management of wounds, but we found some instances when there was a delay in receiving the treatment at the right time which can further compromise skin integrity. Since the last inspection there is improved clinical oversight as regular meetings take place to discuss people's health and well-being.

People's nutritional needs are encouraged. People are given the choice of having meals to socialise with others or spend time in their own personal space. The tables are well presented, and meals look appetising. There are effective communication systems and safe arrangements in place to ensure people's specific dietary needs are identified and understood by kitchen staff and care staff. Based on our observations during mealtimes, the management deployed additional staff to ensure all people receive the required assistance and for the meal to remain warm to promote their nutritional intake. Weights are regularly monitored, and staff are aware of people's dietary needs. We noted a significant delay in serving some meals, but the service provider has purchased serving trolleys to ensure everyone receives their meals as required.

Environment

As this was a focused inspection, we did not consider this theme in full.

At the time of the inspection the home was undergoing major renovation and refurbishment work which was well planned and with no inconvenience to people.

People can personalise their own rooms and they are encouraged to bring items into the home which are important to them. The bedrooms are spacious with an ensuite and walk-in shower. People told us they are comfortable and warm in their rooms. We noted at the last inspection and this inspection some topical creams and razors are available in bedrooms where there is a risk of ingestion to people with a memory impairment. We found that people are assessed to ensure they are using the appropriate equipment to promote safe movement. Each person has a personal emergency evacuation plan in place which provides key information to inform the care staff how to evacuate people safely.

People can be confident that there are appropriate arrangements in place to minimise and prevent the spread of infection. There are effective arrangements and auditing systems to ensure that there are safe working practices to maintain hygiene and prevention of infection. Procedures were followed when we arrived at the home to ensure the visit was safe. There are adequate Personal Protective Equipment (PPE) stations located throughout the building and good stock levels. We observed staff appropriately using and disposing of the PPE after providing direct support to people. There is a contract in place for the removal of clinical waste. The staff follow a cleaning schedule to minimise the risk of infection.

Leadership and Management

People's views are listened too. We saw that the registered person increased ways of engaging with people living in the home, their representatives, and the workforce. This has been well received and is likely to have a beneficial impact on communication moving forward. People noted that there have been improvements in the service, which they told us they liked. We saw people actively engage and enjoy the weekly social coffee mornings as this is an opportunity to share their views and plan events in the home. Since the last inspection there is a new management team at the home. They told us about their plans to further enhance levels of communication with people using the service and they will work alongside the staff team to drive good practice.

People can be assured that there is improved oversight in place. The Responsible Individual regularly visits the home to measure the quality and any improvements at the service. We noted there are now effective audits and systems in place to identify patterns and trends to take prompt action when needed. A quality care report is available which shows a significant improvement in the operation of the home which evidences proper oversight is now in place. This information enables the RI to fully assess and review the quality and effectiveness of the service. Since the last inspection there is a new Head of Nursing, Manager and Deputy Manager. We recognise the level of commitment given by the new management team to secure the necessary improvement at the home.

People are starting to benefit from continuity of care and support. Since the last inspection there has been a successful recruitment programme to appoint new staff at the home. This has helped to stabilise the workforce with regular staff that know people well and reduces agency staff usage at the home. We saw that people are happy and comfortable and they told us they have developed a positive relationship with staff. There is a system in place to assess the needs of people to ensure the skill mix and staff numbers can provide responsive care and support. There is a sensible approach to receiving new admissions to the home. They effectively plan to enable a smooth transition for the individual to receive the service and have enough staff available to meet their needs. Records show that incidents/accidents have reduced, and call bells are being responded too. New staff receive a detailed induction and an opportunity to shadow other staff. However, we noted a few occasions when care workers did not respond appropriately when providing support to transfer safely and act accordingly to support people in distress. The registered person agreed that staff require coaching to ensure they are consciously competent in their role. Since the inspection, the service provider has introduced a mentoring programme for recently appointed staff and future recruitment. We saw a few occasions when communal areas were unsupervised, yet people required assistance. There appears to be sufficient numbers of nurses and care staff, but they should be better deployed in the home to ensure people's personal outcomes are consistently met.

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
21	People using the service are at risk, or have experienced, harm or distress as a result of poor governance, insufficient staff deployed, poor practices and safe systems in place. This has already compromised the delivery of care. Risks are not being managed and there are poor outcomes for people.	Achieved
34	The service provider must adequately identify the numbers of nurses and care staff required to be deployed to fully deliver care and support to people, and implement an increase of staff where necessary.	Achieved
56	The service provider to have effective arrangements in place to ensure that the service promotes hygienic practices and manages the risk of infection.	Achieved

6	The responsible individual must review their governance and oversight arrangements to be satisfied that the home operates safely and effectively for the individuals receiving care and support.	Achieved
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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
34	To put arrangements in place for staff to receive support and mentoring in their role to embed good practice	New
57	Ensure items that can cause harm are stored safely to mitigate risk	New
21	Care to be consistently provided in accordance with people's personal plan	New

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