



Inspection Report on

Ty Newydd

Cardiff

15 September 2022

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About Ty Newydd

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|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Integra Community Living Options Limited |
| Registered places | 5 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | This is the first inspection since the provider registered in accordance with the Regulation and Inspection of Social Care (Wales) Act 2016 |
| Does this service provide the Welsh Language active offer? | This service is working towards providing an 'Active Offer' of the Welsh language. |

Summary

People receive care and support from care workers who have good attitudes and values and are motivated to improve outcomes for people. People's rights to freedom of movement and the right to be independent and autonomous is maximised at the service. People living at the service spend a lot of time accessing hobbies and interests in the community independently.

We found people are sometimes at risk of poor outcomes because of a lack of timely action and oversight by management. Management failed to identify the issues affecting the service which can compromise people's health, well-being and safety.

People's concerns are not always followed up and acted on by management and people do not always have access to enough staff support or the right type of support. Despite this, the service provider is a responsive provider who is already taking immediate action to secure improvement. We have received assurances that immediate changes are already being made at the service to implement improved outcomes for people.

We have issued a priority action notice in relation to four areas which must be addressed because people's health and well-being are at major risk of impact as a result. The provider must take immediate action to address these issues and we will test at the next early inspection.

Well-being

People are supported to be as independent and autonomous as possible. People living at the service have good choice and control about how they spend their time. They have involvement in the community, independently participating in hobbies and interests of their own choosing.

People do not always feel listened too and heard and people do not always feel in control of their care. We found gaps in record keeping with a lack of follow up and action by management when a person has raised repeated concerns. Policies and procedures in place to give people a voice are not always followed. Whilst the means to raise concerns and complaints were evidence, the opportunity for providers to actively enable individuals to resolve complaints was not. One individual felt that matters were not 'followed through', and another felt that they needed to repeatedly raise matters before action was taken, thus undermining confidence in the complaints process.' We found group activities and resident meetings at the service are not always delivered.

People are not kept as safe as possible from harm and abuse. Although there is evidence of consultation with key stakeholders on safeguarding matters, there is a lack of manager oversight and appropriate action in relation to safeguarding allegations. The service does not appropriately record, investigate, and analyse safeguarding allegations to implement actions and learn lessons to prevent further events. The service provider has good safeguarding and whistle-blowing policies in place, but urgent improvements are required to ensure policy guidance is implemented in practice.

People living at the service told us their care staff are "*lovely and caring*". People are supported by motivated care workers with good attitudes and values. People can benefit from a service that is delivered by care workers who feel supported and valued as a team. Most care workers described an open, transparent and supportive environment amongst staff and that management and the in-house clinical team are approachable and supportive.

Care and Support

People do not get the right care and support as early as possible, and people's health and safety are not always promoted. People have been placed at risk of harm during times of distress and crises when staff support has been limited. Information sharing with professionals to make informed decisions and to manage risk to people is not robust enough. However, the provider is proactive and has regular and ongoing communication with the professionals involved. They reach out to professionals frequently and are committed to addressing issues for people however more robust consultations are required.

Lessons are not learnt after serious incidents and there is a lack of managerial oversight and analysis of patterns and trends in collaboration with professionals, to prevent further risks to people. Some people and staff had told us the culture and practice at the home is "reactive than proactive". The 'boundaried' approach we were told was being adopted, in the last few months, did not suit all people's required care and support needs. People living in the service and care workers alike expressed it did not allow empathy and validation to be demonstrated.

People's changing needs and risks are not presented accurately to professionals to ensure people receive the correct care and support. This was a missed opportunity by the service provider to closely review issues and events for people in consultation, to plan how best to support people with changing needs and risks. Medication systems are sometimes poorly managed, and people may not be kept as safe as possible from risks of overdosing.

People do have the opportunity to do the things that matter to them but there is limited staff support to enable people to learn and develop to their full potential. People cannot be confident they will have access to the correct number of staff to provide support each week. The service has been understaffed, at times, due to unforeseen sickness and people's 1:1 weekly support was delivered wherever possible. Deployment of staff impacts on meaningful engagements and activities taking place for people.

People can be confident they are cared for by a service provider that values and strives to achieve good practice. We found assessments and personal plans to be outcome focused and strength based. Some documentation created by the service provider about people are excellent, highly detailed and captures what is meaningful to people including detailed notes on people's experiences, thoughts, feelings and aspirations.

Environment

The layout of the home supports people to achieve a good standard of well-being from their environment. People are encouraged to be independent around the home. The home is modern, homely, and personalised. Communal areas provide people with opportunities to socialise, cook and dine together. The kitchen and lounge are open plan and are bright and airy with a view of the garden and patio doors for access. The garden area is colourful and has been personalised and painted by people living at the service to a high standard.

The communal areas are free from hazards and are open and spacious and there are servicing arrangements in place which helps to create a safe space for people. There are checking systems in place to ensure routine health and safety checks in the communal areas of the home are completed and facilities are serviced. People cannot be confident the environment is as safe as possible as people's bedrooms are not always free of hazards that could cause significant injury to people.

People can be confident that there are effective arrangements at the home that maintains good standards of hygiene and infection control.

Leadership and Management

Care workers are regularly trained, supervised and have correct security checks completed before working at the service. People benefit from a service which focuses on well-being within the workforce. The service provider shows a commitment to the development of staff and staff enjoy working at the service.

People cannot always be confident they are supported by staff that are highly trained, have a good understanding of their condition and implement approaches in line with their needs. Specialist training, service specific training and the use of dedicated trainers (as set out in the provider's statement of purpose) is not fully delivered, particularly in response to any increases in risks to people. Clinical reflective practice sessions took place however these must be improved to be action focused giving clear direction for staff on how they could improve their practice.

Some people living at the service do not feel they belong and do not feel they live in a home that best supports them to achieve their well-being. The delivery of a service under the recovery model of care, as set out as a commitment in the service provider's statement of purpose, is not always the experience of people living and working at the service. Management is now aware of this and are working to resolve. We recommend urgent review of staff training, approaches, and practices within the home to ensure people receive a delivery of care that is individually tailored and driven by professional judgements and evidence-based assessments.

People cannot be assured that the service provider has good governance and oversight of arrangements in place to enhance people's well-being. Management and clinicians do not have good oversight of the daily care, support and experiences of people and staff working at the service. We found a lack of effective quality assurance checks completed which are needed to check and test that people receive the right care and support. The responsible individual completes quality of care checks but has missed some deficits in the performance of the service. The service provider must take immediate action to address these issues because people are at major risk as a result. We will test at the next early inspection.

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 |
|------------|--|--------|
| 21 | The service provider does not ensure that care and support is provided in a way which protects, promotes, and maintains the safety and well-being of individuals due to delays in people receiving the right care and support to enhance their health, emotional and psychological well-being needs. | New |
| 57 | The service provider does not ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable. | New |
| 6 | The service provider does not ensure that the service is always provided with sufficient care, competence and skill, having regard to the statement of purpose. | New |
| 8 | The service provider does not ensure that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and | New |

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| | support provided by the service | |
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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 |
| N/A | No non-compliance of this type was identified at this inspection | N/A |

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