



Inspection Report on

Ty Nant

**56 Francis Street
Thomastown Tonyrefail
Porth
CF39 8DS**

Date Inspection Completed

21/12/2022

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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	8 July 2022
Does this service provide the Welsh Language active offer?	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

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, however these require reviewing on a regular basis. People are complimentary about the positive relationships they have with support workers and office staff. Staff report they feel well supported and are happy in their roles. The service needs to review and update some of its policies. 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 were evident at the service. The Responsible Individual (RI) has Quality assurance procedures in place and carries out their regulatory duties. All regulatory notifiable events including safeguarding incidents should be formally notified to CIW. We issued a Priority Action Notice regarding maintenance work required at the premises following our previous inspection, and it was clear from this inspection that progress has been made in this area with further work planned.

Well-being

The service supports people's rights and choices. People's individual needs inform their personal plan, and changes are recorded at times. 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. However, people's care plans are not being reviewed on a regular basis.

We received 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 present government procedures and there is a safeguarding policy. This ensures current systems and processes are in place to safeguard people from harm. Support workers receive specialist training in addition to core training to support them to meet people's individual needs. Support workers demonstrate they know their responsibilities and are able to keep people safe and well supported.

People's wellbeing is improved by the recent painting and decorating, 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. We saw evidence personal plans are comprehensive and provide clear guidance to support workers as to the support needs and planned outcomes for individuals. However, personal plans and risk assessments are required to be regularly reviewed at least three monthly and reflect any changes, it was clear this has not been done for some people since our last inspection. While no immediate action is required, this is an area of improvement and we expect the provider to take action.

Support workers we spoke with told us they felt the plans are clear, reflected individual needs and gave 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.

There is an emphasis on recognising at an early stage signs a person may be becoming agitated. Support workers we spoke with demonstrated 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 loving it here...I've not done this kind of work before, but glad I come into it'*.

People have positive relationships with support workers and office workers. One person told us *'it's good here...staff are helpful...I'm as happy as I can be'*. We observed positive interactions between support workers and people.

We saw people are supported to access the community. We were told that people access the community 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 training records show support workers have training in the administration of medication. Regular medication audits are undertaken. On our first site visit we saw daily medication room temperatures were not always recorded, gaps in some medication administration records, and the controlled drugs book was not always doubly signed. These issues have been resolved by our second site visit and it is evident this had been addressed with staff in team meeting minutes.

Environment

Ty Nant consists of three properties adjacent to each other and a fourth property consisting of two apartments.

On arrival, we found external doors secured to prevent unauthorised access. On entering the building, we signed the visitor's book and support workers checked our identification documents.

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. Care workers say there are sufficient supplies of PPE and this was evident at the service.

At the last inspection a Priority Action Notice was given after maintenance work identified as an area of improvement at a previous inspection had not been completed. At this inspection it is clear progress is being made in this area. Painting and decorating, and some refurbishment work such replacement kitchen units, flooring, and repairs has been carried out across the three houses. We also saw records of recent surveys and a longer term maintenance plan for further planned works at the service including work in the flats, painting/decorating, and refurbishment in people's bedrooms. This was confirmed by the service manager and other staff.

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

We saw people's personal space is set out in a manner which reflects their individual preferences and complex 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 maintained and a fire safety risk assessment is in place.

Leadership and Management

The service provider has 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 but some require review. 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.

Quality audits and checks are in place to ensure the service continues to meet people's needs. Communication with relatives is frequent 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 Responsible Individual carries out three monthly and six-monthly quality assurance visits. These visits involve talking to people and support workers to gain their views on the service provided. The six-monthly quality assurance reviews, in addition to talking to support workers and people, 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. However, the provider needs to ensure all regulatory incidents and events are notified to CIW as it is evident from records CIW have not been made aware of some recent safeguarding incidents. While no immediate action is required, this is an area of improvement and we expect the provider to take action.

Support workers at the service are supported and trained and have completed mandatory training as detailed in the statement of purpose to ensure they are appropriately qualified 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 support workers meetings are held to keep support workers up to date. Support workers are aware of, and understand, the recent 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. The manager told us that if a potential person wanted the statement of purpose or service user guide in Welsh this could be provided.

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
44	44(4)(h) – the premises must be properly maintained.	Achieved

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

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