



Inspection Report on

21 Towyn Way

**Tonteg
Pontypridd
CF38 1NB**

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Description of the service

21 Towyn Way is registered with Care Inspectorate Wales (CIW) to provide personal care to five people, aged 18 and above, with a learning disability and / or functional mental health care needs. The service is owned by Values in Care Limited. The company has nominated an individual to represent the company. The appointed manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

The home provides a pleasant, comfortable and homely environment which meets people's needs and supports them to maximise their independence. The service promotes well-being through a familiar staff team providing person centred care. People have opportunities to be involved, participate and make choices in the activities they pursue. Care documentation guides staff to deliver appropriate care and support, further consideration should be given to ensure daily recording is accurate. Clear lines of accountability and leadership are in place. There are comprehensive procedures in place for monitoring the service and a strong commitment to driving continuous improvement in relation to outcomes for people.

2. Improvements

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

There were no areas of non-compliance identified at this inspection.

Recommendations for improvements:

- Improvements are required in the recording of daily activities undertaken and care provided.
- Team meetings are to be held on a regular basis.
- We recommend that the service provider considers Welsh Government's "More Than Just Words.... Follow-on Strategic Framework for Welsh Language Services in Health, Social services and Social care 2016-19".

1. Well-being

Summary

People's well-being is promoted by a familiar staff team who have a good understanding of their needs. Individuals are treated with dignity and respect, their individual identities and routines are recognised and valued. People using the service are encouraged and have opportunities to be involved, make choices and decisions in the activities they pursue.

Our findings

People have good relations with staff who know them well and understand their needs. During our visit we observed staff supporting individuals and noted dignity, respect and kindness was offered, to which people responded positively. People living in the home were observed engaging in a range of conversations and interactions with staff. Appropriate use of touch was seen providing reassurance and encouragement. All attempts at communication including non-verbal were valued and responded to appropriately. Lots of smiles and laughter were seen especially when staff arrived who were welcomed with great enthusiasm. This demonstrates staff interactions have a positive impact on people's confidence and increases positive self-esteem.

People are encouraged to speak out and express themselves. We saw that resident's meetings were held on a regular basis. We saw active involvement in the development and reviewing of care plans and individual vocational plans by people living at the home. The manager operates an open door policy and people receiving a service have easy access to them this was observed during our visit. We saw quality questionnaires had been completed by people receiving a service. We find that people are encouraged and supported to make choices, decisions and to express themselves.

People are enabled to make choices and are involved in a range of activities with individual routines recognised and valued. We noted care plans contained individualised 'vocational plans' and 'action plans for lifestyle objectives' for each person receiving a service. On the day of our visit a Halloween party was being held at 'The Hub' which is an activity centre owned by the company. People were clearly excited about attending the party and the process of dressing up in Halloween costumes. Other activities provided at "The Hub" included sensory relaxation sessions, cookery and TEACCH (a treatment and education approach for people with autism and communication difficulties). We noted activities took place in other community locations including attendance at college, healthy pursuits including cycling and walking, scenic drives and visits to local cafes. Alongside external activities we noted people were supported to develop and maintain independence skills within the home environment in respect of domestic chores including laundry, cleaning their rooms, preparing snacks and drinks. The above demonstrates that people have opportunities to be engaged in a choice of activities.

Staff encourage people to be as healthy and active as they can be. The home has regular support from external health professionals. People had access to specialist medical, therapeutic and care from community health services according to need. We saw evidence of regular contact with local health centres, General Practitioners and district nurses. On the day of our visit one person was being supported to attend a medical appointment. We found that the home promotes and maintains residents' health and ensures access to health care services to meet assessed needs.

Care documentation is designed to enable people with communication needs to participate and feel a sense of ownership in their care and support planning. We saw that each person had a 'communication passport' ensuring their communication requirements are met. If the service received a referral from a person whose first language was Welsh, we were told they would give consideration to the requirements of the Welsh Language Act 1993. We recommend that the service provider considers Welsh Government's "More Than Just Words.... Follow-on Strategic Framework for Welsh Language Services in Health, Social services and Social care 2016-19".

2. Care and Support

Summary

Overall, we found that people receive person centred care from staff that know them well and have a good relationship with them. Care documentation guides staff to deliver appropriate care and support. Further consideration should be given to ensure daily recording accurately reflects support provided.

Our findings

People are safe and as well as they can be, and receive timely appropriate person centred care and support. Service delivery plans were in place which contained information about people's assessed and agreed needs and how these should be met. All files were stored securely. We examined two individual care files and these included referral information, an initial assessment, Local Authority plans and reviews, individual care plans and positive behaviour plans with reviews. Further documentation included risk assessments to identify and determine the level of risk for various issues and how these could be managed. We saw that six monthly review meetings were held and care plans were reviewed on a monthly basis by keyworkers.

Additionally, within the two care files we examined we saw evidence that people receiving a service had a genuine input into their plans. We found that care planning systems were comprehensive, person centred and incorporated peoples' views and opinions appropriately. For example, outcomes for each person receiving a service were seen, this included 'What I would like to achieve over the next year', 'What I would like to learn over the next year' and 'What I would like to change in my life'. One file examined contained lifestyle objectives which did not accurately reflect the individual. This was discussed with the manager who informed us these were currently being amended and would be incorporated into a revised care plan. We also noted daily recording by staff did not accurately reflect activities and support provided. This was also discussed with the manager who acknowledged this and gave assurance this would be addressed with staff. Overall, the above demonstrates people receive the right care, at the right time in the way they want it.

People are on the whole protected by having robust systems in place for the administration of medication. Medication is stored securely in a locked cupboard. Staff received appropriate training and competency checking in relation to the safe storage and administration of medication. Medication which was given covertly had appropriate authorisation and procedures for staff to follow. A sample of medication administration record (MAR) sheets were examined. The records were clear with appropriate staff initials and no gaps in recording. The above evidence and sample of records viewed indicated that

safe practises were in place to safeguard people and prevent poor health and well-being outcomes.

Systems are in place to ensure that people's best interests are promoted. We saw that where people lacked the mental capacity to make important decisions relating to their life, safeguards in accordance with the Mental Capacity Act 2005 had been actioned, as Deprivation of Liberty Safeguards (DoLS) authorisations had been put in place. We concluded that people's rights are understood, protected and promoted.

3. Environment

Summary

We found that people are cared for in a safe, clean and homely environment. Individual rooms are personalised. Comprehensive fire safety, health and safety checks were in place.

Our findings

People are cared for in a spacious and comfortable environment which has sufficient space and facilities to meet their needs. The home provides a pleasant and homely environment for people to relax in and to move about independently. People expressed contentment with their home and the interactions with staff. Two people were keen to show us their rooms, with evident pride. We saw that individual bedrooms were spacious and had been personalised. We therefore consider people achieve a sense of well-being and belonging.

People are on the whole cared for in a safe environment. Safety checks and maintenance of equipment are carried out on a regular basis. We reviewed a selection of documentation, for example daily health and safety checks including fridge/freezer temperatures and food temperature, alongside electrical testing for fixed and portable appliances and gas safety certificate. Comprehensive and regular fire safety checks were in place. Each person had an individual personal emergency evacuation plan. The above evidence shows that appropriate action is taken to ensure that people are cared for in a safe and secure environment.

All areas of the home seen during our visit were clean and tidy and had been well maintained. In addition, we saw people had access to furniture, equipment and materials that are appropriate for their needs.

4. Leadership and Management

Summary

Overall, people benefit from a well-run service. Staff work well as a team and feel supported in their work. Clear lines of accountability and leadership are in place. There are comprehensive procedures in place for monitoring the service and a strong commitment to driving continuous improvement in relation to outcomes for people.

Our findings

People can be assured that the lines of accountability and leadership are in place, the manager is visible, approachable and responds to concerns. On the day of our visit we observed, and staff confirmed that the manager and newly appointed deputy manager were approachable and that they had contact with residents and staff daily. One member of staff stated *“You can go to the manager at any time and they will act straight away”*. The home offers continuity of care from a familiar team of staff. During our visit we considered there to be sufficient staff available to assist people with their needs which included participating in activities in the community on the day. We saw rotas were planned in advance and staffing levels were kept under review. We find that sufficient staff are deployed appropriately to meet the needs of the people they are caring for and management act with due diligence and care.

The services' procedure for recruitment, induction, supervision and training are sufficiently robust. We examined two staff member's files; we saw that pre-employment checks were in place, including disclosure and barring service (DBS) checks, verification of identity and necessary references. We saw evidence of mandatory training being completed and shadowing shifts at the home as part of their induction. We also found that all staff had achieved relevant qualifications in Social Care. We noted that staff were provided with one to one formal supervision every two months. However, staff team meetings were not being held on a regular basis. During the last ten months only one had been held. The manager assured us that actions had been put in place to ensure that staff could be covered within the home to allow attendance at team meetings going forward. Staff felt equipped and confident to carry out their work. Staff told us that they enjoy their work, find it rewarding and felt supported by management with one staff member stating *“I love working here and we have good access to training”*. We saw staff working well as a team with shared values of enhancing the lives of people living at the home. Based on the above evidence we find that people are cared for by safely recruited staff who are valued and appropriately supported with training and regular supervision.

The service has a quality of care review process which incorporates regular quality assurance procedures and takes account of the views of staff and people receiving a service. We examined the homes' reportable occurrences' information and noted no

complaints had been received, however several compliments about the service had been received. We saw that incidents and accidents were appropriately logged with details of actions and outcomes for people. We also examined the quality assurance and audit folder which contained for example copies of audits relating to care plans, medication and food hygiene. We were told that monthly management meetings were held and monitoring information was compiled for analysis at the meetings. We were provided with a copy of the most recent responsible individual report dated 19 October 2018 and found it to be extensive and comprehensive, detailing comments and actions to be taken. The above demonstrates a strong commitment to driving continuous improvement with robust systems in place to assess the quality of the service in relation to outcomes for people.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

There were no areas of non-compliance identified at this inspection.

The following are recommendations for improvements to promote positive outcomes for people using the service:

- Improvements are required in the recording of daily activities undertaken and care provided by staff.
- Team meetings are to be held on a regular basis.
- We recommend that the service provider considers Welsh Government's "More Than Just Words.... Follow-on Strategic Framework for Welsh Language Services in Health, Social services and Social care 2016-19".

6. How we undertook this inspection

This was a full inspection which involved an unannounced visit to the home on 31 October 2018 between 8:50 am and 3:20 pm.

The following methods were used:

- We reviewed information about the service held by CIW.
- We spoke with people living at the home and with two staff members.
- We spoke with the manager and deputy manager.
- We looked around the home and made observations.
- We looked at documentation, which included:
 - Statement of Purpose and service user guide.
 - Two people's care records.
 - Staff records, which included recruitment records, details of training and supervision.
 - Records relating to health & safety including risk assessments, audits and safety checklists.
 - Medication storage and records.
 - Records of complaints and compliments.
 - Records of accidents and incidents.
 - Records of provider visits and audits.
 - Quality assurance and audit records.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Registered Manager	The appointed manager is registered with Social Care Wales.
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	This is the first inspection following re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit	31/10/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who intend to use their service. We recommend that the service provider considers Welsh Government's "More Than Just Words.... Follow-on Strategic Framework for Welsh Language Services in Health, Social services and Social care 2016-19".
Additional Information:	