



## Inspection Report on

**Ty Carreg**

**Ty Carreg  
Barry  
CF62 4JA**

## **Date Inspection Completed**

19/02/2024

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## About Ty Carreg

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Orbis Education and Care Limited
Registered places	13
Language of the service	English
Previous Care Inspectorate Wales inspection	07 February 2023
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 like their home and are supported by trained, motivated care staff to achieve positive well-being. Care planning processes are good and people are identifying and achieving their goals. Care staff deliver care and support in line with people's plans and almost always treat people with dignity and respect. They are doing things they enjoy in the community and are supported to be as healthy as possible through exercise, wholesome meals and regular health appointments and reviews.

There are a sufficient number of care staff to meet people's care and support needs who receive regular supervision and direction from competent managers. The follow up action to practice concerns is not always sufficiently robust and this is identified as an area for improvement.

People are safeguarded because care staff and managers know and follow safeguarding procedures. People feel safe in their home, their rights are promoted and they are supported to see their families.

The home is spacious, safe and secure and receives timely responses to repairs. It has facilities to support people's independence and to promote good hygiene practices. People personalise their rooms and feel comfortable in them and they enjoy using the central garden.

There are regular quality audits of the service which receive prompt action from the manager. The responsible individual (RI) is visiting regularly and quality assurance reports have improved. The quality of records is improving and the six areas for improvement identified at the previous inspection have been satisfactorily addressed.

## Well-being

A rights-based ethos is evident at the service, whereby people are provided with information in a suitable format and are supported to make decisions and choices about their daily care. People engage in regular individual house meetings; they are consulted prior to their three monthly multi-disciplinary meetings and they express their views as part of the home's quality of care review processes. People are comfortable to communicate what they want from care staff, who are almost always responsive in these interactions.

People are supported to be as healthy as they can be. They are registered with health professionals and are attending regular appointments. Care staff are alert to changes in presentation and they provide responsive care. They are aware of people's anxieties and they tailor their care to try and reduce the impact of these on people's well-being. People are doing fun, healthy activities such as walking, swimming and playing sport and healthy diets are promoted.

People feel safe at the home and there are clear safeguarding processes which care staff and managers are familiar with and follow. The manager maintains safeguarding as a live topic through supervision and team meetings and care staff are suitably trained. People see their families regularly and there is clear legal guidance for care staff in terms of the restrictions of people's liberty. Care staff follow procedures to ensure the security and safety of the home.

The home is spacious and designed to meet the varying levels of people's complex needs. People like their personalised rooms and kitchens and bathrooms are clean and accessible. Repairs are timely and considering the high wear and tear on the property, the home is in a good state of decoration and furnishing. The garden is an inviting area where people can relax and interact with others.

Overall, people are assured, the governance arrangements of the home are good. There are clear quality assurance processes which people are involved in and managers are prompt in their responses to any identified shortfalls. The manager is taking action to follow up issues in relation to practice concerns and they have clear expectations about the delivery of the service. These are communicated to care staff, who feel valued and supported.

## Care and Support

People and their representatives contribute to their personal plans which provide suitable guidance for care staff to meet their care and support needs. The required provider assessments are in place and are updated. Personal plans provide clear information about people's routines, likes and dislikes and incremental guidance for when they become unsettled. The plans are reviewed at three monthly multi-disciplinary meetings which people, their parents and social workers are invited to. The plans are outcome focused and records show people are achieving the goals they have set themselves, such as undertaking a photography course, joining a rugby club and walking to the local shop to buy ice cream.

Overall, people have positive relationships with compassionate, committed care staff. Care staff read people's plans before working with them and they are able to describe people's needs and how best to support them. On almost all occasions, care treat people with dignity and respect and are positive and encouraging in their responses. Care staff patiently support people with their routines, using their preferred communication methods. They respond to people's non-verbal prompts and people present as content and relaxed around their care staff.

Care staff support people to achieve their goals and lead fulfilled lives. Records show people are supported at a manageable pace to do meaningful jobs and activities which promote their well-being. People are getting out into the community and doing activities such as swimming, walking, shopping, going to the cinema and having meals out. At home they are taking part in arts and crafts activities and helping with domestic tasks such as cleaning, doing their laundry, making their bed and preparing food.

The service provider ensures people are safeguarded. Care staff regularly complete training in safeguarding and they know what to do if they have a concern. The manager is clear about their duties and makes safeguarding referrals as required and they also ensure safeguarding is a regular topic at staff meetings. People's risk assessments are regularly reviewed and incident reports are completed in a timely manner. The quality of recordings is improving but not all incident reports contain sufficient detail and debriefs are not always undertaken to reflect on practice and promote learning.

People's health is promoted. Care staff support people to attend appointments with primary care services and are responsive to emerging health needs. People's health outcomes are promoted by nutritious meals and the inclusion of regular exercise. Their physical and mental health is regularly reviewed at their multi-disciplinary meetings and the manager is proactive in ensuring people have the care they need from their GP.

There is a suitable medication policy at the service which care staff follow. Medication administration records are almost always correctly completed and any minor errors are addressed with care staff. People have clear protocols for as needed (PRN) medication and it is used judiciously.

## Environment

People live in a home which suits their individual needs. The home has a range of living spaces including individual flats, rooms with ensuite facilities and some rooms with a communal bathroom. There is a large communal kitchen and meeting room which people use to do arts and crafts activities. People proudly personalise their bedrooms and living spaces to reflect their interests and important relationships. Others prefer a clear environment, although the manager is supporting people to accept some additional soft furnishings to promote a sense of homeliness. The home is in a good state of decoration.

Kitchens and bathrooms are clean. Fridges and cupboards in the main communal kitchen are well stocked, food is labelled and dated on opening and a separate fridge is used for cultural needs. The manager is taking steps to promote people's use of the small kitchens in their flats to promote their independence skills. Some bathrooms have been refurbished; all are clean and have soap readily available for people to use. The previous malodour in the communal bathroom has been addressed.

The service provider ensures people's safety. Health and safety and fire safety checks are carried out within the specified timescales and care staff are trained in these areas. There are regular fire drills and people's personal evacuation plans (PEEPs) are regularly reviewed and updated. Care staff ensure the security of the home by checking visitor's identification and asking them to sign the visitors' book. The home is subject to significant wear and tear however, repairs are attended to in a timely manner and there is an ongoing programme of replacement of external doors. The manager ensures regular checks and certificates are in place for utilities and responds promptly to actions identified in the service provider's regular audits.

The garden provides a central focus to the home where people can relax or play games. It contains a robust swing chair to meet people's sensory needs, a goal post, a bouncy sitting ball and wooden seating. The service provider's attempts to develop the area to the side of the home have not proved successful, however, it plans to create raised borders within a smaller garden area to promote gardening skills.

## Leadership and Management

People, their families and other professionals have the information they need about the service to ensure people's rights and representation are upheld. People have visually formatted guides to the service and to the complaints and concerns process which are regularly shared with them at their individual house meetings with care staff. The statement of purpose is regularly reviewed and the service we saw at inspection reflected it. Complaints are dealt with appropriately and in a timely manner.

The service provider ensures there is a sufficient number of trained, knowledgeable, experienced care staff to meet people's care and support needs. An ongoing recruitment drive is reducing the number of vacancies and agency care staff at the home. A number of care staff are suitably qualified, along with the senior staff and managers. The agency care staff used are familiar with people, having worked at the service for a sustained period of time and their profiles show they have the appropriate qualifications and training for their role. Rotas show, most of the time, there are sufficient care staff to meet people's needs with periods of extra staff to compensate for the short periods of shortfalls in staffing. A positive culture was evident at the service and care staff told us they felt valued and could always ask the manager for advice. Overall, they gave positive feedback about their colleagues and managers, stating they were *"always willing to help each other and go the extra mile for people."*

The service provider ensures care staff are supported and developed, however, some issues require a more effective response. The regularity of the supervision of staff is improving and the manager provides clear expectations and guidance to care staff at inclusive team meetings and hand overs. All care staff are trained in safeguarding and almost all are trained in the other mandatory topics of fire safety, first aid and positive behaviour management. Care staff also complete training on a range of other relevant topics to their role. The service provider's follow up to practice which raises some concerns is not always sufficiently robust and this poses potential risks to people and care staff. This is an area for improvement and we expect the provider to take action.

Quality assurance measures are suitable and the service is improving. The responsible individual is visiting the service regularly, carrying out a range of checks and consulting care staff. To fully meet regulations, their reports need to evidence their consultation with people living at the service. The service provider conducts a range of audits of the service which the manager responds to promptly. The responsive action of the managers was also noted during inspection, when minor issues were attended to straight away. Quality of Care reports are now providing a more transparent picture of the service and they evidence consultation with people, care staff and others.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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36	The service provider has not undertaken a training needs analysis to ensure all staff have the relevant skills and competence to meet the needs of individuals in accordance with the statement of purpose.	New
18	Provider assessment not in place and not regularly updated.	Achieved
21	Care and support is not meeting all people's well-being outcomes	Achieved
34	There is not sufficient staff numbers at all times to consistently meet people's needs.	Achieved
56	Supply of hand soap not readily available for all people.	Achieved
59	People's records are not consistently accurate, detailed or up to date.	Achieved
80	Quality of care reports are not meeting the regulations.	Achieved

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**Date Published** 13/03/2024