



Inspection Report on

Ty Carreg

**Barry
CF62 4JA**

Date Inspection Completed

07/02/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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	10/09/19
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

People like their home and have positive relationships with warm, respectful care staff. They have a say about their care, make choices and feel safe. Most people are doing activities they enjoy and are also developing some life skills.

Some improvements are needed to the planning and reviewing processes to ensure care staff have accurate, detailed guidance to meet people's needs. Most people are being supported to achieve their well-being outcomes, but some are leading largely sedentary lifestyles. This is an area for improvement.

Despite the high use of agency care staff, there remain significant and regular gaps in staffing numbers, although the committed team of care staff work hard to limit the impact of these shortfalls. Some improvement is needed in relation to daily recordings and clearer guidance around some infection control measures. Care staff know their safeguarding responsibilities and are trained, supervised and supported to carry out their role.

The home has a busy, active feel to it and it meets people's needs for privacy and sharing of space. People's rooms reflect their personalities and minimal décor is ensured for those with particular sensory needs. Repairs are timely and action is being taken to address the issue of malodours in bathrooms. The garden is due to be developed, in line with planning restrictions, to offer more suitable facilities to meet people's well-being outcomes.

Well-being

People have a voice. People are contributing to their personal plans and outcomes. They are consulted about their care and the things they want to do via regular house meetings and the service's quality assurance processes. People choose the décor of their rooms and make choices on a daily basis about their clothes, food and activities. People have advocates when they need them, and they see their families regularly.

Overall, people are supported to be healthy. They attend regular appointments and have wholesome diets with limited take away meals. People's physical health is monitored and there is clinical oversight of their mental health. There are opportunities for people to participate in activities which promote their physical health but not all people are engaging with these.

People are safe and the service provider has suitable processes to safeguard them. The home is secure and maintained by regular repairs and checks. People communicated to us they felt safe in the home, and they are regularly consulted about this topic at individual house meeting sessions. They have suitably formatted, visual information to remind them of who they can speak to if they are worried.

People like their home and it is meeting their needs. Their rooms reflect their personalities and are furnished to meet their particular sensory needs. Overall, the home is clean, and action is being taken to address issues of malodours. People have privacy or can join others in the communal areas. The lay out of the home promotes people's opportunities to gain independence skills.

Care and Support

The service provider's systems for gathering and reviewing people's information requires some improvement. Some people's initial assessments are not sufficiently detailed, however, more recent examples show improvement. Provider assessments are not always completed or regularly updated. This is an area for improvement and we expect the provider to take action. People's personal plans are regularly reviewed; however, the reviews need to be more thorough to ensure any errors, gaps and changes are addressed. Overall, they provide guidance for care staff to meet people's needs and keep them safe but certain aspects of care would benefit from more detail to ensure more consistent, effective care to meet people's well-being outcomes. People's outcomes are recorded but these need to be followed through with progress updates.

People have positive relationships with care staff. We saw care staff engaging with people in a respectful and warm manner. They used gentle humour which people liked and responded to. Care staff communicated clearly and people's communication aids were visible and being used. Our conversations and observations showed care staff knew and understood people's needs and how best to support them. Consistent agency care staff told us they had read people's plans and they were seen to be responsive to the people they were caring for.

Overall, people's health is promoted. People are registered with primary health services and care staff are responsive to their emerging health needs. They attend regular health appointments, have wholesome meals and their weight is monitored. People's mental health needs are reviewed and care staff follow people's plans and routines to reduce their anxieties. Most people are enjoying activities in the community but some are spending long periods of time in their room on their own and as a result they are not achieving their well-being outcomes. This is an area for improvement and we expect the provider to take action.

People are safeguarded. Care staff, including agency care staff, are trained and know their safeguarding responsibilities. The manager makes safeguarding referrals as required and takes follow up action to safeguard people. Risk assessments are suitable; however, their review dates are not clear. Incident reports show care staff use the least restrictive measures to support people. The reports contain sufficient detail, but improvement is needed in relation to the timeliness of management oversight. Daily records note changes to people's physical presentations but most do not contain sufficient descriptive detail about people's day. This is an area for improvement and we expect the service provider to take action.

The procedures for administering medicines are followed by care staff but an aspect of infection control requires improvement. The medicine administration records (MARs) we saw were satisfactory. Care staff's access to hand soap, for those people unable to have this product safely in their room, is not evident across all areas of the home. Alongside this,

people's personal plans do not clearly outline how care staff should support people with their toileting and hand washing. This is an area for improvement and we expect the provider to take action.

Environment

The home is suitable for people's needs. People have a mixture of self-contained flats or en suite rooms with communal kitchens and their own lounge areas. Settees are in the process of being replaced with more robust models and the built-in storage furniture is proving more suitable. Rooms are decorated and personalised to meet people's particular needs and people communicated they like their rooms and flats.

Individual kitchens are clean and the communal kitchen was a hub of activity with people having lunch and interacting with their care staff. Most bathrooms are suitable and clean, one is in the process of being refurbished and some have issues with mould and stained flooring which require attention. These issues were seen to be on the current maintenance schedule and had been delayed due to the anticipated impact of planned major work on the air filtration system for the home, to address the persistent malodours in some bathrooms.

Overall, the home is safe. On arrival we were asked for our identification and to sign the visitor book. Records show most repairs are attended to in a timely manner. There are some gaps in fire safety checks but health and safety checks are carried out within the required timescales. Regular fire drills are undertaken and a visual guide to fire evacuation is in people's rooms.

The outdoor area requires improvement. Although people are able to access rural walks near the home, the extensive garden does not contain facilities to promote their well-being. The garden is subject to restricted planning permission and the service provider is taking action, within these restrictions, to develop suitable leisure provisions to meet people's health and well-being needs.

Leadership and Management

People have information about their care. The statement of purpose is regularly updated and overall reflects the service we saw. People have visually formatted guides to the service and to their personal plans, however, the service provider needs to ensure there is clear evidence of these being regularly shared with them.

The service provider is not ensuring there is at all times a suitable number of skilled, experienced and qualified care staff to meet people's needs. Rotas show regular and significant gaps in the numbers of care staff to meet people's needs which, on occasions, results in a reduction of some people's care staff. It also has an impact on people's outcomes, although the committed care staff team do their best to limit this. Almost half the care staff are relatively new and a more even distribution of experienced care staff across the shift patterns is being addressed. Despite the increasing use of consistent agency care staff, people continue to come and live at the home. This is an area for improvement and we expect the provider to take action.

People are cared for by safely recruited and supported care staff. Files show checks including disclosure and barring service (DBS) are carried out, gaps in employment history are explained and references are verbally verified. Some agency profiles are suitably robust but others require further follow up. Agency care staff receive induction and some informal supervision. Most care staff are trained in the required core areas, and they also receive other relevant training. They are regularly supervised; they feel supported by the manager and team leaders and a positive team culture is evident.

Quality assurance measures are in place. The responsible individual visits the home regularly, consults the people living there and their care staff and carries out a variety of checks. The reports of the visits contain action plans which the manager follows up. A range of audits show high compliance levels although not all the identified actions are completed within the required timescales. The quality-of-care reports contain repetitive information and do not evidence consultation with people living in the home. They do not provide an accurate reflection of the home which forms a basis to analyse and identify the improvements needed. This is an area for improvement and we expect the provider to take action.

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
	The service is not meeting regulation 34(a)(b)(c) because there are not always sufficient staff to take people to the activities identified within their weekly planners which are aligned to their personal plans in terms of optimising their well-being. .	Achieved
	Staff do not always follow people's personal plans which results in emotional distress for people.	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
18	Provider assessment not in place and not regularly updated.	New
21	Care and support is not meeting all people's well-being outcomes	New
34	There is not sufficient staff numbers at all times to consistently meet people's needs.	New
56	Supply of hand soap not readily available for all people.	New
59	People's records are not consistently accurate, detailed or up to date.	New
80	Quality of care reports are not meeting the regulations.	New
	House meetings were not being held as outlined in the Statement of Purpose.	Achieved
	The complaints policy was not always being followed.	Achieved

Date Published 16/03/2023