



# Inspection Report on

**Ffordd Newydd**

**Neath**

**Date Inspection Completed**

21/04/2023

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## About Ffordd Newydd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">10 November 2021</a>
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

Ffordd Newydd is a small care home in Skewen, Neath that provides support to female adults who are over 18 years of age with mental health support needs. The service sits on a busy main road, with parking and a small garden to the rear of the property.

People are encouraged to be involved in their personal plans which are written with a mental health recovery approach. People participate in monthly reviews which encourage them to evaluate their goals and set new ones to further improve their independence. Care workers in the service know people well and are suitably trained and supported in their roles. Ffordd Newydd consists of self-contained flats to encourage people to live more independently, there is also a communal lounge and kitchen for people to enjoy group activities. The service is well-maintained, and all areas are homely and comfortable.

The manager and deputy are visible in the service and have good relationships with people and the care staff. The Responsible individual (RI) visits the service routinely to obtain the experiences of people in the service and care staff, this information is used to drive improvements to enhance people's well-being. Regulatory reports and routine audits are carried out in a timely way to maintain good oversight of the service.

## Well-being

People have a voice and are treated with dignity and respect. People are involved in the development of their personal plans and are encouraged to set their own targets and goals to develop their independence. Personal plans reflect people and their care and support needs well and are evaluated frequently to monitor development and progression. People are spoken with during RI visits to obtain their views and feedback about their experiences living in the service to establish improvements.

People are protected from harm and neglect. Care workers know the people they support well and adapt their approach depending on people's needs at the time. Care workers are aware of their responsibilities to report any concerns about people and the procedures to follow. Care staff are up to date with safeguarding training. Policies and procedures are in place to ensure people remain safe in the service. There are detailed risk assessments in place to minimise the risk to people. All staff working in the service, go through robust recruitment checks and have up to date Disclosure and Barring service (DBS) checks in place.

People's physical, mental health and emotional wellbeing is promoted. There are good systems in place to manage medication in the service and people are encouraged to manage this themselves where possible. Care workers know the people they support well and are able to recognise any signs of ill health and take immediate action. People regularly engage in activities with care staff, in the community and in groups within the service.

There are good procedures in place to maintain good oversight of the service. The provider has a good management structure in place. The manager and deputy are respected by the care team and people living in the service and are approachable and understanding. The care team are supported in their roles and are very dedicated in their work. The RI visits the service regularly and the provider has good systems in place to monitor the service routinely. Quality of care reviews are completed as required and policies and procedures are reviewed as needed.

The provider does not provide an 'active offer' of the Welsh language (This means being able to provide a service and documentation in Welsh without people having to ask for it). At present, there is no demand to deliver a service in Welsh to people. The provider told us should this change in the future, they will re-address this and translation of key documents and recruiting Welsh speaking staff would be prioritised.

## Care and Support

People are encouraged to actively participate in the development and review of their care plans to ensure they meet their needs. We looked at two care files and saw ongoing recovery-based care planning in use. This type of care planning enables the person and their care provider to self-assess their progress on their current goals and targets and set new ones. Detailed risk assessments accompany the care planning documents and these are designed to support people at different times of need. Care staff know the people they support well and were observed using techniques detailed in the risk assessments to support people during the inspection. Both personal plans and risk assessment are reviewed routinely with people as much as reasonably possible. Documentation around care delivery needs improving as there appeared to be gaps in records and they were lacking detail. This has already been picked up by the service manager and is being addressed in staff meetings which was confirmed in the minutes of the meeting. As action has already been taken to address this, and there is no impact on people in the service, we have not raised this as an area for improvement on this occasion, but we will follow this up at the next inspection.

The provider has mechanisms in place to safeguard the people they support. The provider has a safeguarding policy in place that is reviewed routinely and includes the Wales Safeguarding procedures. Care workers know the people they support well and can recognise any signs of distress to provide emotional reassurance when required and seek medical support when needed. Care staff and managers have completed safeguarding training and know their responsibilities to report any concerns that are deemed as safeguarding issues. Risk assessments in relation to people leaving the service independently are agreed with the individual in advance and mechanisms are in place to report anyone who does not return safely within the agreed timeframe.

There are good systems in place to manage medication in the service and to maintain people's health. There is a locked medication room in the service and medication stored within is also locked for safe keeping. Where possible people are supported to manage their own medication as much as possible and this is reflected in their personal plans and risk assessments. The medication room is monitored to ensure safe storage conditions. We reviewed a sample of Medication Administration Records (MAR) which are completed accurately with appropriate signatures in place. Routine medication counts take place daily and as well as routine audits to minimise the risk of errors. There is good information available for care workers for the use of medication that is prescribed 'as required' (PRN) to enable them to recognise any side effects and take appropriate action as detailed if observed. The care team know people well and can recognise any signs of ill health. This was observed during the inspection where care staff were more vigilant and alert when monitoring one individual.



## Environment

People live in an environment that promotes the achievement of their personal outcomes. Ffordd Newydd is in a busy area where there are lots of shops and things to do. During the inspection visit, many people were out in the local community. There is good access to the rear of the property with car parking facilities, raised garden area and smoking shelter. Inside the service people have their own self-contained flats that have been decorated to their preference and are personalised. People are encouraged to maintain the cleanliness of their own living space as much as possible to promote their independence. People also have access to a communal lounge/ kitchen/ diner where they can meet and participate in group activities. The manager told us that this happens frequently, and a main meal is often cooked where people can come together to enjoy each other's company. All areas seen in the service are clean and comfortable.

The service provider has procedures in place to identify and mitigate risks to health and safety. A maintenance file is in place which documents daily, weekly, and monthly checks that take place in the service. This ensures that the environment remains safe for people and continues to meet their needs. Records seen include Fire safety checks and health and safety audits. We saw that servicing of utilities in the service are up to date and certificates for gas, electricity, and fire safety are in place. There is a maintenance contract in place with an external provider, any maintenance required is planned in order of priority which is decided by the service manager. The provider has an electronic alert system in place to ensure that routine audits are carried out within the service and there is also a health and safety officer who visit the premises routinely to assess the service and recommend any improvements that are required.

## Leadership and Management

People are supported by a care team who are recruited safely, supported in their roles and know them well. We looked at two staff files and saw that good procedures are in place for safe recruitment including background employment reference checks and up to date Disclosure and Barring Service (DBS) checks. We saw the training matrix, which showed that 96% all staff are up to date with the providers mandatory training. Care staff also receive enhanced training which is specific to meet the needs of people at the service, this was also over 89% up to date. This enhanced training includes topics such as Epilepsy and acquired brain injury. Feedback from care staff was positive with all responses regarding training and developmental opportunities rated as good or excellent. Care workers feel valued and supported in the service. We saw that supervision and appraisals are carried out routinely, and this includes the management team who told us they feel supported in their roles. Comments from staff included *“I feel the job offers job satisfaction”, “It’s a good place to work”* and *“the staff team, work together the support of management to provide the best care for people we support. Every day is different but a good day”*.

There are good arrangements in place for the effective oversight of the service through ongoing quality assurance. The RI visits the service routinely and completes quarterly reports to document this. Feedback from people, care staff and observations and quality checks undertaken during visits are all included in these reports and this information is used to determine improvements needed in the service. We noted that these reports also look back at previously identified issues and track progress of these. Services are required to produce bi-annual quality of care reports which were viewed and contained a good overview of the services successes and achievements and highlight any ongoing issues and action plans. We viewed the service’s statement of purpose (SOP) which was recently reviewed to reflect the changes in the management structure of the organisation. We found this document to be a good reflection of the service provided at Ffordd Newydd and how it operates. The provider has Policies and procedures in place which are reviewed routinely and updated as required to reflect any changes in legislation.

The service provider has oversight of financial arrangements and investment in the service. Ffordd Newydd is well maintained and there is a programme of improvements ongoing with the provider. Since the last inspection new flooring has been laid throughout the communal areas. Staffing levels on the day of the inspection were suitable to meet the needs of people. Care staff confirmed that staffing levels were usually good in the service and agency staff were not usually required.



### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
36	We looked at two staff files and found that quarterly supervisions were not being carried out as required.	Achieved

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