



## Inspection Report on

**Ffordd Newydd**

**38 New Road  
Skewen  
Neath  
SA10 6EP**

## **Date Inspection Completed**

10 + 12 November 2021

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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	
Does this service provide the Welsh Language active offer?	No

### Summary

Ffordd Newydd is a small care home on a busy main road in Skewen in Neath. The service comprises of six independent flats and supports individuals with varying mental health needs. It has parking to the rear of the property and a small accessible garden.

People living in Ffordd Newydd are happy and settled with care workers who treat them with dignity and respect. People are encouraged to engage in community activities and increase their independence. The service is clean, inviting and well maintained and people's flats are personalised and homely. The in-house care team are dedicated and are well trained to meet people's needs. However, the care team is very small at present and there is a high use of agency staff. The frequency of supervision and appraisal needs improving in the service. There are systems in place to ensure care is delivered to meet the changing needs of people and there is adequate oversight of how the service is being delivered by the responsible individual (RI).

## Well-being

People have a voice and are treated with dignity and respect. People are encouraged to participate in the development of their personal plans and these reflect people well. Personal plans and risk assessments in place are reviewed and up to date, People are settled in the service and undertake activities in the community. The management team discuss people's views of the service and use this information to drive improvements.

People are protected from harm and neglect. Care workers have received training in safeguarding and those spoken with are clear about their responsibilities around protecting people and know the procedures to follow. The provider's safeguarding policy has been updated to reflect the Wales Safeguarding Procedures. Environmental checks and audits take place routinely to ensure the service remains comfortable and safe for people.

People's physical health, mental health and emotional wellbeing is promoted. Good procedures are in place to manage people's medication and monitor any side effects. Care workers and frequently employed agency staff know the people they support well and are able to recognise any changes in health and well-being to seek medical support when required. People are supported to attend medical appointments. Risk assessments are detailed to enable care workers to adapt their approach to support people when there are fluctuations in their mental health.

There is satisfactory oversight of the service. Routine visits by the service RI are carried out and we saw the last two reports. There is a bi-annual quality of care review that gives a good overview of the service and special events which have taken place. Improvements are required to minimise the use of agency staff and ensure care staff receive quarterly supervision and annual appraisals.

## Care and Support

People are involved in the planning of their care to ensure they are provided with the quality of care and support they need. We looked at two care files and saw that people are encouraged to follow a self-led recovery tool focus on their care planning. This format encourages people to assess their own achievements and set their own goals to further their independence. Personal plans seen are detailed and give a good overview of people and how best to support them. Routine reviews are carried out with people and signatures were seen to confirm this. Detailed risk assessments are up to date and give care workers best approaches to support people. People were seen accessing the community and were preparing to attend community based activities during the inspection visit.

There are safe systems in place for the management of medication in the service and to maintain people's health. Medication is stored securely in the service in personal individual lockers in the manager's office. We saw that Medication Administration Records (MAR) are completed accurately. The core staff team know the people they support well and are able to recognise any deterioration in health and seek prompt medical advice. There is a high level use of agency staff in the service at present. The manager told us that agency staff used currently have worked in the service for some time and have become familiar with people. They also told us that there are new staff members going through recruitment. Documentation in care files detail that people are supported to attend routine medical appointments. People we spoke with said "*staff are great, they can't do any more for me to be honest*" and "*the staff are brilliant and they are very good and supportive*"

The service promotes hygienic practices and manages the risk of cross infection. Care staff were seen wearing Personal Protective Equipment (PPE) appropriately. Hand sanitiser is available on entry to the property and we were asked to show our negative lateral flow test (LFT) result on arrival as part of the provider's pre-entry screening. The provider has a Covid-19 guidance document in place which is updated in line with governmental guideline changes.

## Environment

The provider ensures that individual's care and support is provided in a location and environment with facilities and equipment that promote achievement of their personal outcomes. Ffordd Newydd is located on a busy road in the heart of Skewen. There is a car park to the rear of the property and a small open garden area and smoking shelter. On the lower ground floor there is a communal open plan lounge/kitchen/ diner which is comfortable and homely. A separate laundry utility room is also on this floor along with the manager's office. The six flats are spread out over three floors above the communal facilities. Each flat has its own lounge/dining area, kitchenette, bathroom and separate bedroom. We found all areas in the service clean, modern and welcoming. Flats seen were personalised and people were very comfortable in them.

The service provider has procedures in place to identify and mitigate risks to health and safety. The provider has an electronic audit system that the manager completes for routine audits within the building and the environment, this includes water temperature checks and emergency lighting. We saw that these are completed routinely and alerts are in place to highlight when they are due. Up-to-date certificates are in place for annual service checks on gas, electricity, and fire safety. The provider has a maintenance contract with an external provider and requests are made when repairs and works are due and these are carried out in order of priority set out by the service manager.

## Leadership and Management

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. The RI visits the service routinely and speaks with people and staff as well as looking at the environment and noting any improvements needed. Following these visits a report is written. We saw the last two reports and these contained feedback from people and professionals as well as a review of the statement of purpose, compliments and complaints. The last bi-annual quality of care report seen was from June and the previous one from December 20. These reports detail feedback from people using the service and photos of special events they have celebrated. The report also provides updates on the service itself, staffing, the environment and improvements and plans for the future.

People are supported by a dedicated care team. We looked at two staff personnel files and saw appropriate pre-employment and recruitment checks take place with up to date Disclosure and Barring Service (DBS) checks on file. The training matrix showed that most in-house care staff are up to date in the provider's mandatory training requirements, this includes safeguarding, first aid, food safety and others. We noted routine supervision of care staff is not carried out quarterly as required by the regulations. The manager explained that due to the staff shortages, priority has been to ensure care is delivered appropriately to people and supervisions have been postponed.

The service provider has oversight of financial arrangements and investment in the service. We saw that since the last inspection, new flooring has been fitted throughout the service and communal areas. The service is well maintained and there is good oversight to keep the home in a good state of repair. Improvements are needed to minimise the use of agency staff and improve work life balance for existing staff. We spoke to four staff members and all said despite really enjoying working in the service felt pressured to do extra shifts all the time. The manager confirmed that recruitment has been very challenging across the sector in recent months and new recruits were currently going through induction to join the team and pressures will reduce as a result.





### 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
36	We looked at two staff files and found that quarterly	New

	supervisions were not being carried out as required.	
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**Date Published 30/12/2021**