



## Inspection Report on

**Ty Llewellyn**

**Ty Llewellyn  
Llewelyn Street  
Aberdare  
CF44 8LA**

## **Date Inspection Completed**

04/01/2023

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## About Ty Llewellyn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group Ltd
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">7 June 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

Ty Llewellyn deliver person-centred care and support to develop people's independence. People told us they are happy living there. Care staff are compassionate and respectful and enjoy working for the people at the home. The service has systems to ensure care and support is of a good standard. People benefit from individualised and current personal plans, which are reviewed regularly with people. Management is visible and engaged in the day-to-day running of the service, with policies and procedures in place to help protect people from harm or abuse. The service has robust auditing systems. There is not currently a Responsible Individual (RI) in place, however, the person applying for this role ensures the legal requirements in relation to visits and quality of care reviews are met. The environment is clean, homely, and well-located to access the community. Infection control measures are of a good standard. Care staff are recruited following robust recruitment checks, receive regular supervision and training, and feel supported in their work.

## Well-being

Ty Llewellyn supports people to have control over their day-to-day lives and do the things that matter to them. Personal plans consider individual outcomes, interests, and preferences. Staff know people well and respect and promote choice. People told us they lead lives of their choosing, are becoming more independent, and their wishes and views are sought and respected. Care and support is person-centred, and people are treated with dignity and respect. People can raise issues or make requests, and these are responded to. Friends and relatives can visit when they wish. People are offered regular opportunities to take part in activities and to access the community. People have individual activity plans, with a communal activity planner also in place for people to take part in group activities such as baking, pool tournaments and walking groups.

People are supported to be as healthy as they can by getting the right care at the right time. The home liaises with external health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans reflecting direction given. Meal options offer variety. The home has a sufficient supply of personal protective equipment (PPE). We saw the management of medication is safe and in line with the medication policy.

People live in an environment that supports them to achieve their well-being. Ty Llewellyn is a converted church building that supports people with their mental health and associated needs. Bedrooms are comfortable and personalised. The home is close to local facilities and amenities. We saw people were relaxed and comfortable in their environment. People told us they like living there and had developed friendships. The home appeared clean and well-maintained.

There are systems in place to help protect people from abuse and harm. Ongoing training ensures care staff are sufficiently skilled. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should they be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. Recruitment is robust, and regular supervision supports continued development. Incidents and accidents are logged, and appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. Access to the service is restricted to authorised individuals. The service is proactive in identifying potential risks to people or employees and how to manage these.

## Care and Support

People are supported to develop and maintain their independence. The service encourages people to have control over daily decisions such as the time they wake up, the food they eat and where and how they spend their day. We saw warm and positive interactions between care staff and people. We spoke to people who told us the home had helped with their mental health recovery, they “love it”, staff are “really nice”, “kind”, and “there’s always someone to help you”, and they “hundred percent” feel safe at the home. People told us they were able to lead lives of their choosing, their wishes and views were respected, and we saw evidence of people’s independence being promoted and developed.

Care staff have up-to-date knowledge of people’s needs and personal goals. We saw assessments are completed prior to people moving in, with the service considering compatibility with people already living there. Personal plans are individualised, detailed, and outcome focused, with robust up-to-date risk assessments in place. We saw plans are produced in partnership with people. Detailed daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. Plans and people’s outcomes are reviewed regularly and updated where necessary. We viewed evidence of appropriate and timely referrals to health professionals, with recommendations and direction acted upon by the home. Deprivation of Liberty Safeguard (DoLS) authorisations in place where people lack mental capacity to make decisions about their care and accommodation.

People benefit from a balanced diet. On the day of inspection, we viewed a variety of options on the menu, with people offered alternatives if needed. People told us the home’s food is “mostly nice” and “they give you options”, and people can be supported to prepare their own meals. Dietary preferences are understood and help inform the menu.

There are infection control measures in place to help keep people safe from the transmission of COVID-19 and other potential sources of infection. Staff have access to a supply of appropriate personal protective equipment (PPE). There is an infection control policy in place. Care staff clean throughout the home daily.

There are systems in place for the management and storage of medication. Medication is stored securely and can only be accessed by authorised care staff. Records show that care staff administer medication in line with the prescriber’s directions, being free from gaps or errors. Care staff receive robust training in how to manage and administer medication. The service has an up-to-date medication policy in place. Medication is regularly audited.

## Environment

People's wellbeing is enhanced by living in an environment that is clean, safe, and suitable for their needs. Ty Llewellyn is a two-story converted church, located in Trecynon on the outskirts of Aberdare. The home is clean, tidy, and free from malodours. The home is secure from unauthorised access, with visitors required to sign in before entry. Bedrooms viewed are of a good size and comfortable, with ensuite toilet and shower facilities. Rooms are individualised to people's tastes and contain photos, decorations, keepsakes, and electrical devices, which promote a feeling of belonging. The service has two lounge areas, where people can choose to spend their time. There were sufficient toilet and bathing facilities available at the home. A dining room is next to the kitchen, where people can choose to have meals. Communal areas are tidy, homely, and uncluttered. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5. A garden area to the side of the home has seating and is available for people to use. The home is undergoing significant redecoration, with the home's interior recently painted and kitchen upgraded. The manager told us the exterior walls are due to be refurbished, and bathroom facilities to be upgraded later in the year.

The home environment is safe. Substances hazardous to health are stored in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There are window restrictors in all bedrooms and bathrooms viewed. We saw fire exits were clear of clutter and obstructions. There were no obvious trip hazards. Daily cleaning and laundry duties were being maintained. There are maintenance and repair arrangements in place, which we saw evidence of. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal evacuation plans enable staff to understand the level of support people require in the event of an emergency and are easily accessible in an emergency.

## Leadership and Management

People are supported by a team of well-trained care staff who are recruited safely. Staff files viewed show appropriate recruitment arrangements and contain all legally required information. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Training records show care staff have up to date training in core areas of care. Additional training for specialist areas relevant to people who live at the service is also in place. Staff told us they feel very well trained and receive regular training on an ongoing basis.

Care staff feel very supported in their role. They told us they “enjoy” working at the service, it is a “brilliant” place to work at, the staff team is “solid” and there is a “good positive culture”, and the manager is “brilliant” and “always there if you’ve got problems”. Turnover of care workers is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people’s level of need. The rota showed target staffing levels were being met and was reflective of staffing on the day.

Robust governance, auditing and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. While there is not currently an RI in place, we saw evidence of the person applying for this role providing appropriate oversight and support to the manager. The legally required three-monthly RI service visits and six-monthly quality of care reviews were undertaken. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and delivery of support. A written guide contains practical information about the home and the care provided. Advocacy information is widely available throughout the home, should people need support to ensure their voice is heard.

We were told the home did not provide a service to people in Welsh at the time of the inspection, although could arrange written information if needed and would employ Welsh speaking staff if needed.

### 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
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