



# Inspection Report on

**Ty Newydd**

**Newport**

## **Date Inspection Completed**

17/01/2024

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## About Ty Newydd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish Group Care Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">13 September 2023</a>
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 receive a good standard of care in the service and are supported to do the things they enjoy, and they are interested in. Staff know the people at the service well and hold them in high regard. People are supported in line with their wishes and encouraged to try new activities by the care staff. There is good evidence of the service working with external professionals in a timely manner in line with peoples identified needs.

The service is spacious and well maintained, with lots of garden space available. People at the service enjoy visiting the local area.

The improvements implemented by the manager are having a positive impact on the people in the service as well as the care staff. Staff told us about the positive atmosphere within the service and the positive impact on people's wellbeing. There are opportunities for personal development within the staff team. Care staff feel valued in their roles and appreciate the positive impacts they make for people at the service.

## Well-being

People are happy at the service, we observed lots of friendly interactions between people and care staff during the inspection. People are involved in the planning of their day and supported to participate in activities of their choosing. Staff are respectful of people's wishes and choices and offer activities in line with these preferences. We saw people looking comfortable and relaxed within the service, with care staff nearby to assist if needed.

Care staff know the people at the service well, and this is enhanced by good personal plans. People's personal plans are thoughtfully written and capture the person's personality and interests while clearly documenting how to meet the person's needs. People can spend time in their room engaging in activities of their choice. Staff are respectful of people's privacy and space.

People at the service have regular meetings with their key worker. This dedicated time allows people to share their views about the service. Care staff consider people's feedback to improve the service. Staff actively work on any issues raised in these discussions to improve the service or to assist the person to work towards their goals.

Staff support people at the service to live healthy lives, and to participate in meal preparation. The kitchen and dining room within the service provides a large space for people to join in activities if they wish, or to just be in the space with others. People are supported to complete homely chores should they choose to, which supports people's skills in independence. The service has achieved a Food Standards Agency rating of 4 meaning hygiene standards are good.

The service has robust systems in place to keep people safe. The service is well maintained, and management have good oversight of the service. The environment is clean and spacious and has large garden space at the front and back of the service. The gardens are well maintained with suitable access for wheelchairs throughout the service.

## Care and Support

People receive care and support in a way they are comfortable with. We observed people engaging in activities of their choosing and being supported by friendly and helpful staff. People can move freely around the service, and activities are available for people to use if they wish.

People's personal plans are very detailed, and person focussed. They clearly set out the goals each person is working towards and what steps can be taken to support people to reach these goals. There is a clear partnership between the people using the service and care staff in developing their personal plans. People's choices, likes, and dislikes are clear in their personal plans. Personal plans give a sense of the person, as well as how to meet their needs.

Key workers review personal plans frequently. Reviews focus on the goals set for people, and how care staff can support people to achieve these goals. We saw evidence of discussions to plan a visit a local attraction of particular interest to one person. There are risk assessments in place to support positive risk taking, and these are reviewed regularly, and actions taken as required.

There is evidence of partnership working between the care staff and other professionals involved in people's care. Care staff contact other agencies when needed to maintain the health and wellbeing of people at the service.

The personal plans have been redesigned by the new manager. This is an ongoing process for all the residents at the service. The manager identifies areas where further training and development is needed and is taking steps to address this.

Activities are sourced within the local area, and there are plans for community trips in line with people's interests. People play an active role in their community. We saw people going out at various times during the inspection.

Medication at the service is stored safely and appropriately and in line with regulations and guidance. There are systems in place to ensure the safe administration of medication to people at the service with good oversight of these processes by management.

## Environment

The service is set within a large property and has spacious garden areas. There are gardens to the front and back of the service, which are well maintained and have ramps allowing for wheelchair access if required.

The environment is clean and tidy as well as nicely decorated. Lounge rooms and communal spaces are spacious and maintained to a good standard. The corridors in the service are very wide allowing for comfortable movement for people using wheelchairs. There have been improvements made to the second lounge room to include activities readily available for people to use. Shared spaces display photographs of people enjoying activities which give a homely feel to the service.

People's bedrooms are personalised and individually decorated. People told us they liked their rooms and liked spending time there. Most bedrooms in the service have large ensuite bathrooms.

The kitchen area is clean and well-organised. Kitchen items are accessible for people using the service. This is a large space which people use to sit together and chat. Health and safety checks take place within the service, and appropriate risk assessments are completed. There are sufficient checks and monitoring systems in place to ensure the environment remains safe for people using the service. Where required, appropriate equipment is available for staff to use within the service. People using the service are encouraged to participate in the upkeep and day-to-day cleaning of the service.

Bathrooms have been recently renovated and are clean and maintained, with suitable facilities available. Communal spaces within the service offer organised storage facilities for people's activities.

## Leadership and Management

The manager has settled into post and has made efforts to enhance the running of the service. The manager feels supported by the Responsible Individual (RI) and accesses other supports available by the provider to develop their vision for the service. At the time of the inspection there were a number of positive changes noted. The manager has further plans to continue to enhance and improve the service.

The staff team told us they feel supported by the manager and spoke positively about the changes that have been made in the service. Staff told us these changes have had a positive impact and they enjoy being in work. There are opportunities for staff to access training and to develop their skills which is supported by management.

Staff receive support and supervision in line with regulatory requirements. The supervisions viewed were of a good quality, showing improvement since the last inspection. Care staff are confident and competent in their roles; the service has a high level of compliance for staff completing mandatory training. Staff are encouraged to attend additional training as required.

There are robust systems in place for ensuring safe recruitment, and there is oversight and monitoring of these systems within the service to good effect. The RI has good oversight of the service and has evidenced their scrutiny of the service through this period of development. The RI speaks positively about the changes introduced by the manager and feels the service has improved because of these changes.

The feedback from all people spoken to during the inspection is that the service has made positive changes since the last inspection, and there are plans in place to continue to build on this positive development of the service. The people we spoke to are happy living at the service.

### 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
6	The service provider has not demonstrated that the service has been provided with sufficient care, competence and skill, in the absence of a consistent manager.	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
N/A	No non-compliance of this type was identified at this inspection	N/A

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