



# Inspection Report on

**Ty Mynydd**

**Neath**

**Date Inspection Completed**

21/06/2023

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## About Ty Mynydd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	National Autistic Society
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	16 December 2021
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 Mynydd is a worthwhile service supporting people over the age of eighteen with Autism. This is a good service well situated in the local community having access to resources through the National Autistic Society (NAS). People are supported well to meet their personal outcomes. This is supported by relatives, professionals, and advocates. The service has suffered recruitment issue however, there is a new manager in post who, with support from the senior management team and a core staff team are addressing this. Staff are skilled and understand their role and responsibilities in safeguarding people. There is good oversight and governance of the service which is reflected in the Responsible Individuals (RI) visits and quality of care reviews. The environment supports peoples needs and some redecoration is scheduled.

## Well-being

People have a voice and inform their personal plan. Personal plans give a good overview of people and their support needs. Regular reviews take place with family and or advocates as needed. People are happy with the service they receive. The RI visits regularly to speak with people to obtain feedback about the service they receive, this informs the quality-of-care reviews and quality monitoring tool to drive improvements.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. This includes a robust safeguarding policy and online safeguarding training for staff. Staff told us they understand their role and responsibilities around safeguarding. The training plan supports this. Risk assessments are in place to mitigate risk to people's wellbeing and are supported by the inhouse behavioural support team.

People's physical and emotional well-being is supported well, we saw good personal support plans using pictures to aid understanding. People are supported by staff who recognise changes in behaviour and health and seek additional support when required. Documents seen show consistent recording and reviewing of health or behavioural changes and people are supported by staff to access local healthcare professionals.

People are supported by staff who are recruited appropriately. Relevant background checks are carried out to ensure staff fitness to work in social care. We were told that the service is having difficulty in recruiting permanent staff but are supported by an internal team of bank staff as well as agency staff.

People are supported to maintain and strengthen family and personal relationships. We saw the service promote family involvement through conversations with relative. Relatives told us; *"We visit once or twice a week and I speak to staff"* and *"Staff turnover has been a lot, but that's the same everywhere in care, but the replacement staff I find are very good"*.

The provider has good oversight and clear governance arrangements in place. The manager has effective skills and knowledge to support and develop the quality of the service. Staff have a strong ethos for putting the person at the centre of what they do. We saw creative ways of engagement and communication with people to support their individual outcomes.

## Care and Support

The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. Pre-assessments are carried out supported by policy and procedures which show staff the needs and desired outcomes of people. People are offered the opportunity to visit and have overnight stays at the service before they move in. The service is delivered in line with the Statement of Purpose (SOP)

People are supported positively with personal plans that reflect their needs well. Personal plans viewed and corresponding risk assessments have been reviewed with relatives and advocates were appropriate. Although relatives told us that they are included in the review process, we saw no documentation to support this. The standard of care and support in the service is good. People appear happy and well cared for in their personal appearance. We saw good interactions and engagement with staff. Relatives are very happy with the service, and would have no hesitation in complaining, but had not needed to. Another told us; *"I just know that the care is second to none"*. Professionals told us; *"Staff are always interactive with the people I support – Home staff engage people in activities which are important to them"*.

The service has mechanisms in place to safeguard people they support. We saw a safeguarding policy and procedure in place to safeguard people. We spoke with staff who confirmed their understanding of safeguarding people and the reporting process. Staff told us; *"There are step by step instruction on the wall, I would report to the managers"*. We saw a training plan showing staff receive safeguarding training as part of their induction and online refresher training. Deprivation of Liberty Safeguards are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

People are supported to maintain their health and well-being. Staff know people well and recognise any deterioration in health and seek medical attention as needed. We saw health records and daily record sheets to support this. We saw that staff are familiar with the needs and wishes for people. This was evident from the communication tools used to support the choices and independence of people, wherever possible. There are robust systems in place for medication management and regular audits are carried out. We saw medication is stored securely in locked cupboards and medication administration records are accurately completed. The provider has suitable medication policy and procedures in place. Staff spoken with are confident training received enables them to effectively support people with their medication needs.

## Environment

The property meets the needs and supports people to achieve their personal outcomes. The home is large supporting four individual flats as well as bedrooms and communal areas. There is a very large garden accessible to all, garden maintenance is carried out by people living in other services within Longford Court. The flats have their own garden area to support the choices and interests of people. People appear comfortable in their surroundings; rooms are suitably furnished reflecting the individual and differing tastes of people. The service is comfortable, clean, tidy, and well maintained. There is a plan for redecoration in place and funding allocated. The manager told us the service is on the providers maintenance staff schedule. Staff told us; *"I would rate us as 8.5 to 9 there is a little improvement around decoration needed"*.

The provider has systems in place to mitigate risks to the health and safety of people. The home was secure on arrival and our identity checked; we were asked to sign the visitors book in line with fire safety. The maintenance file was seen, provision is in place for the maintenance and safety of the home. We saw risk assessments around water temperatures and Legionella. We saw written records confirming the testing of electrical equipment and fire system. We looked at personal evacuation plans (PEEP's) for people. Evacuation procedures are specific to the individuals to ensure their safe evacuation if required. Procedures are in place to ensure confidential and sensitive information relating to people is stored securely. Substances which may be harmful to people are securely locked away. Routine servicing of utilities such as gas and electricity take place and certificates seen.

## Leadership and Management

The provider has good governance arrangements in place to support the smooth running of the service. The RI visits the home quarterly and produces visit reports and quality of care reviews. Reports give time scales for identified improvements, person responsible, and feedback from stakeholders. Reports have clear actions for the manager and staff team to facilitate quality of care improvements. Staff told us; *"I have met the RI they're great all the staff know them, and staff can contact them, they put up notes to say staff can speak with them on the notice board"*.

The service is well managed, and systems are in place to monitor and review the quality of care and support being provided. The RI takes an active role in the service. Documents show the RI supporting the new manager to develop and improve quality of care and support. The provider has oversight of financial arrangements and invests in the service. We saw suitable staffing levels on the day of inspection, this was confirmed by the staff and daily schedule. Staff told us; *"This is the most settled I have felt in the 2 years. The new manager has been here 7 months. I am very impressed by the deputy area manager; they listen to my ideas"*.

People are supported by a service that meets their needs by staff with the knowledge, skills and understanding to support people to meet their individual outcomes. Staff have a good understanding of the safeguarding process. Staff feel they have the skills and knowledge to report issues and feel confident they will be addressed. Staff told us; *"Induction is two weeks of full-time training Positive Behaviour Management (PBM) theory and practical first aid"* and *"NAS is pretty hot on training"*.

People are supported by staff who are recruited safely and supported in their roles. We looked at three staff personal files and saw good recruitment and pre-employment checks are carried out. Disclosure Baring Service (DBS) checks are undertaken in line with regulations and staff are registered or working towards registration with Social Care Wales, the workforce regulator. Staff are supported by routine supervision and appraisals. Staff and relatives told us there has been difficulty in recruiting permanent staff however this is being addressed by the new manager and management team. Staff told us; *"The staff team are a good support. I can ask anyone for help in the management team, and they are very open"*. Staff also have access to mental health support provision.

### 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
59	The service user has not ensured that records relating to individuals are always accurate and up to date and that staff's personnel files were stored securely.	Achieved

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**Date Published** 31/07/2023