



Inspection Report on

Ty Mawr

Neath

Date Inspection Completed

22 August 2022

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About Ty Mawr

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	National Autistic Society
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

Ty Mawr is a well-managed service, which has ongoing support from the National Autistic Society's behavioural team and other professionals. People have good personal plans in place which are specific to them clearly indicating the level of support they need. These are supported by risk assessments enabling individuals to actively participate in activities in the community and continue to develop daily life skills. Ty Mawr is spacious and homely and decorated to suit people's needs. There are robust maintenance procedures in place to maintain the health and safety of people. People are supported by a dedicated care team who are recruited appropriately and supported in their roles. Care staff have received good training know the people they support well and fully understand their needs. There is an approachable and experienced manager in post who has good support from the responsible individual (RI). There is good oversight of the service, and all regulatory requirements are completed in a timely way.

Well-being

People have a voice and can contribute to the planning and reviewing of their personal plans. People told us they are happy and feel listened to in the service. People are encouraged to take part in the review process and express their views where possible. Family members or advocates are included if the individual is unable to participate. The manager is approachable and has an open-door policy, people told us they could ring and ask for support at any time. We observed people being spoken to with dignity and respect and encouraged to speak up and contribute to decisions through the care planning and review process.

People's physical and mental health is maintained. People are supported by a consistent staff team who know the people they support well. Care workers can recognise any deterioration in people's health and seek medical support in a timely way. Care workers can identify any changes in people's mood and mental health and adapt their approach to support them appropriately. Well written personal plans, risk assessments and monitoring tools to mitigate risk are also in place to ensure health care support is sought as early as possible.

People have a sense of belonging and are encouraged to build positive relationships. Care workers have a very patient and encouraging approach with people, encouraging them to make choices and carry out activities that they want to do. People are comfortable and settled with the care workers recognising them as people who are there to help them. The service is decorated to meet people's needs and preferences with communal areas to suit everyone and personalised bedrooms.

People are protected from harm or neglect. People who have limited capacity have appropriate safeguards in place, which have been agreed in their best interests. Care workers are trained in safeguarding and are aware of their responsibilities to protect people and the procedures to follow if they have any concerns. The safeguarding policy reflects the Wales Safeguarding procedures. The service is well maintained, safe, secure, and suitable for the people who live there.

There is a well-established management team in place who along with the RI have good oversight of the service. There are good working relationships within the care and management team, Care staff told us they can discuss any issues with the manager and feel that they are listened to.

Care and Support

People are supported with up-to-date personal plans detailing how their needs will be met. Motivated care workers support people to undertake planned activities around their own likes and strengths. We saw individuals involved in art activities with one-to-one staff support. Others were seen preparing to go to day services. We looked at two care files and saw that personal planning documentation is person centred, accurate and up to date. Risk assessments are in place which are clear, concise and supports the well-being of the individual. Staff work in collaboration with the wider organisations' behaviour support team and other external professionals. Reviews are carried out involving the individual, families, and other professionals in line with current guidance. Feedback from people about the service was positive and comments include *"I like it here"* and *"I feel safe"*.

The service provider considers a wide range of views and information to confirm that the service can meet people's needs. A summary of the admissions process is included in the statement of purpose. We saw in care files the provider has processes in place to make an informed decision about their ability to meet the individual's care and support needs. Clear consideration is given to the compatibility of the individuals living in the home through the introduction to the home policy. The provider provides good information to individuals enabling them to make informed choices. The guide to service is available in formats relevant to people being supported.

The provider has mechanisms in place to safeguard people supported in the service. Deprivation of Liberty Safeguards (DoLs) are in place for those individuals who do not have the capacity to make decisions around their care and support. We saw these are being reviewed on an annual basis with the relevant external professionals. Care workers receive training around Safeguarding procedures and the Mental Capacity Act and are fully aware of their responsibilities.

There are safe systems in place for the management of medication to support people's health and wellbeing. Medication is stored securely in locked trolleys which are kept locked and only accessed by trained staff. We saw relevant medication checks being carried out daily by experienced, well-trained staff. Senior staff carry out competency checks of staff administering medication. We looked at all Medication Administration Records (MAR) charts and saw these are completed accurately. We saw good communication with medical professionals and referrals to specialist health care when people require additional support. Most care workers in the service have been in post several years and know the people they support well. They can recognise any deterioration in health and seek medical intervention quickly.

Environment

The provider ensures the environment and facilities are suitable for people. We saw people are comfortable in their surroundings. There is sufficient communal and private space which people can use freely. A range of health and safety checks are carried out as required, including safety checks on fire equipment. All environmental checks are recorded and monitored; the relevant acts are taken upon according to the level of risk. Maintenance arrangements are in place and repairs are carried out in a timely manner. We saw substances hazardous to health are locked away. We saw up to date safety certificates for utilities such as gas and electricity. Arrangements have been made for specialist equipment to meet the needs of the individuals to support their health and well-being.

The provider mitigates risks to health and safety. The service is secure with a lockable gate for entry into the garden. There is a secure fence around the garden and people can move around freely within the garden and the building. Inside the service communal areas and bedrooms are decorated to reflect the individuals living there and their needs. The provider has considered the individuals needs wishes and preferences in the way rooms are furnished and decorated, promoting their independence. Community resources relating to health and leisure are easily accessible with support from staff. People have choice and access to a wide range of leisure activities within and outside the home.

Leadership and Management

The provider has good governance and quality monitoring arrangements in place which support the smooth operation of the service. The service has a long-standing manager in post who is visible daily. There are clear and up to date policies and procedures in place which are routinely reviewed. People have access to an up to date 'Statement of Purpose' and 'Guide to Service' which are adapted to meet the individual's needs. Both documents accurately describe the service being delivered.

The provider has good arrangements in place for effective oversight of the service. Consistently good audit systems are in place for the monitoring of the service. The RI carries out quarterly visits at the service and reports were seen to evidence this. The manager and senior care staff also monitor and audit key activities and documentation, such as medication to support people's outcomes. People and staff are encouraged to provide feedback of their experience in the service. We saw by looking at the six-monthly quality of care reports this is used to drive service improvements.

People are supported by care workers who are suitably vetted and skilled. We looked at two staff personnel files. We saw appropriate background checks are completed including Disclosure and Barring Service (DBS) checks before their employment starts. New staff undertake induction training on commencement of employment. Ongoing training is provided and, we saw most staff training was up to date. Staff receive routine supervision and appraisals and feel supported in their roles. Feedback from care staff was positive, comments include: *"I like it here, the training here is fantastic"*, *"we're always offered additional things"* and *"I've done additional things like conferences and mental health, first aid"*. All staff are registered with Social Care Wales.

There is good oversight of the financial stability of the service. We saw the service is in a good state of repair and maintenance and ongoing improvements to the building are scheduled. Staffing levels are appropriate to support people successfully. People have access to daily activities both in the community and within the service.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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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Date Published 23/09/2022