



Inspection Report on

Ty Connie

Cardiff

Date Inspection Completed

03/05/2023

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About Ty Connie

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gofal Cymru Care Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	The service is not providing 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 are settled and appear happy living at Ty Connie. People can expect continuity of care from dedicated, knowledgeable, and kind care staff. Staff are guided by detailed personal plans and care documentation. Interactions between people and care staff are positive and relaxed. People experience positive outcomes and are supported to maintain their health and well-being.

Oversight and management of the service are generally good and care staff feel sufficiently supported by the management team. The Responsible Individual (RI) is managing the service for a planned length of time. The service provider must update and strengthen the Statement of Purpose (SoP) and deliver a service to people in-line with the statement. Since the last inspection we found an improvement in medication procedures and health and safety, but the service provider must ensure they continue to make improvements highlighted at this inspection.

Well-being

Overall people are involved in day-to-day decisions about the support they receive. The service provider completes thorough assessments with people planning to move into the home with relevant professionals and representatives. Personal plans are detailed and capture information about what is important to people. Records do not consistently tell us people and their representatives are invited to review the personal plan to discuss their care and support and to document their choices. Although house meetings do not take place giving people the opportunity to have their say, people meet regularly with a designated Key Worker. The Key Worker meeting gives people the opportunity to talk about all aspects of their well-being, care and support, goals, and aspirations. The provider formally seeks the views and opinions from stakeholders on an annual basis.

People receive person-centred care and support from an established and compassionate care team. The RI is visible at the service and people feel confident talking to them should they have a concern. Staff are respectful and speak to people with genuine affection. There are some minor gaps in daily care records however, we found people are well cared for. People are well-kempt, dressed appropriately for the season and their health needs are met.

People take part in activities that interest them. Individual hobbies are catered for. Some people choose what they do daily, and others prefer a weekly routine. People told us they meet friends for lunch, they enjoy family visits, in-house craft sessions and occasional meal preparation and baking. The home is perfectly located enabling people good access to public transport links and local amenities.

There are policies and procedures in place to keep people safe from harm and staff have a good understanding of their roles and responsibilities. Safeguarding training is up to date for all care staff.

Care and Support

People are happy with the care and support they receive. Representatives describe care staff as hard working, dedicated and the team approach is “*brilliant*” when responding to people’s needs. People have access to service information and feel confident to speak to staff or management if they have any concerns. We are told family members visit frequently and share a positive relationship with all staff.

The service provider completes detailed care documentation that fully informs staff of people’s care and support needs. Staff readily access this information in paper folders, but we found not all documentation in the files is up to date or relevant. The provider must ensure staff always have current information to guarantee effective care delivery and to keep people safe.

Personal plans are well written and focus on positive outcomes for people. But there is insufficient evidence the review of the plan is being inclusive of people and their representatives and completed in the required time frame. The provider must make changes to the ways they work to ensure reviews are completed in-line with current legislation.

Staff consistently complete daily records about the care and support people receive and this is an improvement since the last inspection. Most records are detailed, and we observed support being given in a sensitive and respectful way.

People receive assistance to maintain their health and well-being. Care staff accompany people to attend routine health and medical appointments. Information about changes to people’s health and well-being is appropriately shared. The provider does not have consistent oversight of health appointments but is making immediate changes to how this information is recorded.

There are effective procedures in place to safely manage and administer people’s medication and this is an improvement since the last inspection. People attend medication reviews with appropriate health care professionals. Staff receive training to administer medication and the provider completes competency observations with staff.

Staff follow specialist advice when people have a specific nutritional need. Although people receive a fully catered service, they have the option of purchasing other food items the provider is unable to offer on the daily menu. Staff keep records of what people are choosing to eat.

There are sufficient staff numbers during the day, but we cannot be assured there are safe staffing numbers at night to support the current needs of people living in the home.

Environment

The environment meets the needs of people and there is a cosy and homely feel. Bedrooms are personalised and decorated to people's taste. The communal lounge is comfortable, with a dining area, and storage for craft and activity items. There is safe access to the rear garden which is paved. The garden is enclosed with sufficient seating but does not contain pots for plants and does not offer people a sensory outdoor experience. We found the garden shed unlocked which contained items that may cause harm and inadequate facilities for safely disposing of cigarettes.

People have access to ample washroom facilities. The home has a downstairs bathroom with a walk-in shower, toilet and basin and an additional toilet close to the lounge. Overall, the décor and the furnishings are in good order, but we found hallways and woodwork in need of repainting. Care staff keep the home clean and follow daily hygiene routines. Daily records relating to cleaning and kitchen safety checks are complete. Cleaning products that could cause harm to people are safely stored. Kitchen cupboards are adequately stocked with dry and canned foods and people have access to fresh fruit, snacks, and drinks as and when they choose. We observed unsafe food storage in the fridge and the provider is taking immediate action to ensure that all staff are aware of safe food handling procedures and training records are up to date.

Issues raised in relation to health and safety at the last inspection have been fully addressed. The provider must make changes to weekly visual checks of the home to include the issues raised during this inspection. The RI completes regular visits to the home and completes environmental audits every three months. Fire safety records are in order and health and safety certificates are up to date.

The staff office is located upstairs, and people's records, money and medication are stored securely. The office is a suitable size for meetings. There is ample storage for supplies of Personal Protective Equipment (PPE). Care staff have access to a bathroom with a toilet, basin and shower which is well stocked with toiletries.

Staff are not provided with a comfortable and adequately decorated bedroom. The room has a dual function of being a utility and laundry area, as well as a storage area. The provider must make changes to the room to promote staff comfort and well-being.

Leadership and Management

The provider has arrangements in place for the oversight of the service and various quarterly audits are up to date. There is effective oversight of accidents, incidents, complaints, and safeguarding. The RI completes regular visits to the home and speaks with people and staff to seek their views. The views of family members or representatives are not consistently being captured. During the visits the RI samples various documentation and inspects the environment. The RI is taking positive action to strengthen the information recorded at the visits.

The RI completes a Quality Care Review that informs the service provider on how the service is performing, which details the views and opinions of people and staff. The review identifies what the service is doing well, and highlights improvements needed to enhance people's well-being. The provider notifies CIW of significant events.

Electronically stored policies are up to date, but we cannot be assured staff at the service are accessing the most current documentation. Staff are knowledgeable about their roles and responsibilities, however, we found not all staff are up to date with core training. Records show staff are not receiving timely supervision and appraisal. Safe recruitment processes are followed, some staff are suitably qualified, and all are registered with Social Care Wales, the workforce regulator. Staff complete a thorough induction and are supported by experienced staff in their first few weeks of working with people.

Care staff told us they feel valued and listened to and receive good support from the management team. Regular staff meetings are held to keep staff well informed. There is a culture of supportive teamwork and staff told us they feel positive about working at the service. However, there are some concerns about staff well-being when lone working, support with behaviours that challenge and the standard of facilities available to staff.

We found some records relating to care and support did not always reflect the positive and pro-active work being undertaken by care staff. Key worker records are not consistent for all people and electronic records do not match file records which staff refer to daily.

Whilst we acknowledge the positive progress since the last inspection the service provider must deliver the service in-line with the Statement of Purpose. We advise the service this is an area of improvement, and we expect the provider to take timely action. We will follow this up at the next inspection.

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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6	The service provider is not delivering care and support to people with sufficient regard to the statement of purpose.	New
16	Regulation 16 (1): The personal plan should be reviewed as and when required but at least three monthly	Achieved
33	Regulation 33 (2), (c): Access to health and other services – (c) to be able to access treatment, advice and other services from any health professional as necessary	Achieved
36	Regulation 36 (2), (d): The service provider must ensure that persons working in the service receive core training appropriate to the work to be performed by them – In relation to some gaps in core training and brain acquired training to have an understanding of the condition of people living at the home	Achieved
44	Regulation 44 (4),(h): The premises must be properly maintained	Achieved
57	Regulation 57: The service provider must ensure that any risks to health and safety of individuals are identified and reduced so far as reasonably practicable – In relation to ensuring fire evacuations take place on a minimum of a quarterly basis as this could compromise people's safety	Achieved
58	Regulation 58 (1), (2), (b), (c): The service provider must have arrangements in place to ensure medicines are administered safely. – In relation to the recording, administration and auditing of medicines	Achieved
59	Regulation 59 (3), (a): Ensure that records relating to individuals are accurate and up to date – In relation to the completeness of daily care records	Achieved

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