



Inspection Report on

Ty Ddol Awel

Swansea

Date Inspection Completed

14/03/2024

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About Ty Ddol Awel

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Integra Community Living Options Limited
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	4 April 2022
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

Ty Ddol Awel is a small care home for adult females with mental health support needs. Situated in a rural area with a large garden to the rear and parking on the driveway. Ty Ddol Awel is a very homely and welcoming service where people are happy and encouraged to develop their independence.

People have built good relationships with care staff and others living in the service and have developed strong friendships. People are involved in the planning of their care and their preferences and goals are all well documented in their personal plans. Personal plans and corresponding risk assessments are well written and informative for care staff to provide appropriate support as needed. People have named keyworkers and routine meetings with them take place to support them with their progress. People have active lives and are often out in the community doing things they enjoy.

People are supported by a well recruited, trained, and supported staff team who know them well. There is an established and dedicated manager and deputy in post who are visible in the service daily. They are approachable, respected and have a good rapport with people and staff in the service.

There are good systems in place for oversight of the service. The Responsible Individual (RI) visits regularly to obtain feedback from people and staff to drive improvements in the service. Regulatory reports are completed in a timely way.

Well-being

People are actively involved in the planning of their care and support and their voices are heard. Personal plans are written with people and are specific to individualised needs. People have regular meetings with their keyworkers to discuss their goals and ambitions and measure their progress. Personal plans are reviewed to reflect these discussions and contain good detail on how best to support people. People are encouraged to take part in decisions within the service through one-to-one discussions and household meetings. Feedback is also sought during RI visits to drive improvements in the service in general.

People's emotional well-being as well as their physical and mental health is promoted. People are supported by a consistent care team who know them well and can recognise any changes in health quickly. People are supported to attend routine medical appointments and are supported appropriately with their medication. People enjoy participating in activities in the community like shopping and supporting sporting events as well as participating in special events within the service. People are encouraged where possible to build on their confidence and there is a big emphasis on building independence of people within the service.

People are protected from harm and neglect. There are security arrangements in place to keep people safe in the service and a signing in book to complete on entry and leaving. The service has detailed risk assessments and environmental checks in place to ensure the premises remain safe for people. Individualised risk assessments are also in place to correspond with people's identified care support needs to ensure people receive the right support at the right time. The provider carries out robust pre-employment checks to ensure care staff are suitable for the work prior to employment. There are up to date policies and procedures in place to maintain the safety of people in its services.

The provider has good oversight of the service to ensure the well-being of people is prioritised. Ty Ddol Awel is one of several services run by the provider and there are several departments who oversee different aspects of the service which supports and enhances the overall oversight of the service. The manager and deputy manager carry out internal audits within the service. The results of these are shared with the area manager who conducts further performance audits on a regular basis. The RI also visits the service routinely and uses this information and the feedback from people and care staff to drive improvements, which is documented in the quality-of-care reviews.

Care and Support

People receive a service that is designed in consultation with them and considers their personal wishes, aspirations, and choices. We looked at two care files and saw consistent records evidencing that people are involved in the development of their personal plan from the onset, including comments and signatures. Prior to moving in to the service people have an opportunity to visit the service to decide if they feel it is right for them. On moving in the personal plan is developed with them and is reviewed regularly for them to amend and progress their goals. People can discuss any issues they have with a named keyworker in planned monthly meetings or as needed with the manager. People told us they are always consulted about how they want to be supported and if they can do anymore to support them. Comments included *“this place has made such a difference to my life, I absolutely love it here, I wouldn’t be the person I am today if I didn’t live here”* and *“I really like it here, they help me with what I need”*.

There are consistent, good procedures in place to manage medication and monitoring people’s health in the service. Where possible people are encouraged to manage their own medication and there are appropriate measures in place to manage this. Medication is stored securely in separate cupboards. Temperature checks take place to ensure appropriate storage temperatures. Twice daily counts take place of medication to mitigate errors quickly. The manager conducts monthly medication audits. Medication Administration Records (MAR) seen, were completed correctly with no visible errors. We saw good logs of medication prescribed ‘as needed’ (PRN) and there is detailed information available for staff to understand the purpose and possible side effects to be vigilant for. The consistent and small staff team in the service know supported individuals well so early indicators of ill health are detected promptly, and urgent support is sought where appropriate.

People can do things they enjoy in a way that promotes their independence as much as possible whilst also protecting them from neglect or harm. We looked at individual activity logs and saw risk assessments are carried out prior to activities taking place to promote independence as much as possible. People told us of the places they like to go and how much they enjoy going out. The manager told us of activities that take place in the service, including arts and crafts, St Davids day celebrations and Mother’s Day lunch. People were observed doing their laundry and people told us they prepare their own meals. We saw good communication logs with family members and maintaining contact is prioritised. Care workers undertake a full induction programme on commencement of employment which includes safeguarding training and those spoken with are aware of their responsibilities to report any concerns they may have about people. The safeguarding policy reflects the Wales Safeguarding Procedures.

Environment

Ty Ddol Awel is a very homely and spacious service which meets the needs of people well. The service is situated in a relatively quiet rural location and has its own driveway enclosed with a relatively large rear garden. There is a large communal lounge, a smaller quiet lounge, separate dining room, kitchen, laundry room medication room one ensuite bedroom and 2 offices on the ground floor. The remaining ensuite bedrooms are on the first floor. Furniture and fixtures in the service all appear to be in good condition. We saw safe storage for chemicals hazardous to health which come under the control of substances hazardous to health (COSHH) regulations. Sharps (needles) are also stored in locked cupboards. We saw that some areas, mainly on the external of the building needed some refurbishment works, the manager confirmed that these had already been requested. We saw this was also documented in the RI's improvement actions in their visit report and quality of care review. Bedrooms seen are spacious and personalised with peoples own items.

There are good procedures in place to ensure the service is safe for people. Numerous checks are in place to monitor the environment on daily, weekly and a monthly basis. This includes, fire equipment, window restrictor and water temperature checks. Fire drills take place routinely to ensure all people and staff are aware of what to do should an alarm be raised. The manager undertakes a monthly health and safety audit in the service to identify any risks and take appropriate action. There are policies and procedures in place to ensure the service remains as safe as possible for people. We saw the fire risk assessment which is reviewed annually. Routine servicing of utilities provided in the service takes place and up to date certificates were seen on file, including gas, electricity and portable appliance testing (PAT) testing. The service manager told us a schedule of work had been forwarded to the provider for decorating etc in the service and usually these improvements would be carried out in order of priority.

Leadership and Management

Ty Ddol Awel is one of several services operated by the provider. There are consistently good systems in place to oversee the service effectively through ongoing quality assurance and regular monitoring. Routine audits take place in the service including medication, environmental, health and safety on a monthly basis. These are stored electronically, and alerts are preset to ensure checks are completed when due. We saw 100% compliance of these manager audits. The area manager visits the service routinely also and carries out further audits and dip sampling of documentation. The RI also visits the service on a quarterly basis and completes reports following these visits. During these visits the RI speaks with people and staff to understand their experiences in the service and to inform improvements needed. We saw the last quality of care review which gave a very good overview of the achievements of the service in the last six months and details the progress made by people towards more independence. The service's Statement of Purpose (SOP) continues to give a good reflection of the service and what it provides for people. We viewed several of the provider's policies and procedures which are up to date with current legislation and are reviewed routinely.

There are robust procedures in place to recruit, support, and train care staff so that they carry out their roles effectively. We looked at a sample of personnel files which are stored electronically and saw thorough background checks are in place prior to employment. Copies of these checks are saved into the personnel files. All care staff have up-to-date Disclosure and Barring Service (DBS) checks in place. Care staff spoken with told us they feel valued and respected in the service and the manager is very approachable and listens. Supervision and Appraisal records were seen, and these showed they are carried out as required at the appropriate timescales to support staff appropriately. The training matrix was viewed, and the service are proud that they have 100% compliance of all training requirements, including the providers mandatory training which includes first aid, safeguarding, and medication. Additional service specific training was also completely up to date and included topics such as mental health, diabetes, and autism awareness. Comments from care staff about working in the service included *"the staff and manager here are great and they are very approachable. I have had good training to do my job"* and *"I've worked in lot of different settings, and this is one of my favourites"*.

There is good, ongoing financial investment in the service. The service overall is in a very good state of repair, however the manager explained there are plans in place to make improvements to the service soon. Staffing levels appear to be appropriate for the support needs of people at present, and the manager explained this varies depending on prior arrangements in place. The service does not use agency staff and there are no vacancies at present. The manager explained that although there are vacant bedrooms in the service at present there is no ongoing pressure to fill these vacancies and they will only be utilised when they feel they are a suitable placement for the individual.

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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