



Inspection Report on

Tydfil House

**46 Merthyr Road
Abergavenny
NP7 5BY**

8 February 2022

17/02/2022

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About Tydfil House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Elysium Healthcare No. 3 Limited
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection to the service since registration under The Regulation and Inspection of Social care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	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

Tydfil House supports people with mental health needs to live in the community. The service promotes independence and actively supports people with their individual recovery. People who live and work at the service are complimentary. Generally, we found people's wellbeing is met. We found the atmosphere at the service was relaxed and people are comfortable. Individuals are treated with dignity and respect.

The service needs to strengthen a number of procedures to comply with the regulations. We identified a number of areas of improvement, which the service providers must address before our next inspection. This is in relation to people's admission to the service, review of personal plans, safe medicine management and quality assurance systems. We found a lack of separation between the governance arrangements for the service and the organisation as a whole.

Well-being

People do have choice and control over their lives. The service promotes independence and encourages people to take an active role in their own lives. Personal plans set out how best to support individuals to meet their needs. Individual plans set out people's likes, preferences and aspirations. Risk assessments support individuals with their health care needs and daily living skills. Staff know individuals well. We found care workers are positive and engaged.

People get the right care and support. Individuals are encouraged to be healthy and supported to access healthcare services. People's healthcare is monitored according to their individual needs. Close working relationships between people and care workers enable any change or deterioration in a person's health to be recognised. Care workers are available to provide emotional support to individuals whenever necessary.

People are safeguarded from harm and neglect. The organisation has policies to protect individuals. Staff should be trained within, All Wales Safeguarding Procedures. The service monitors complaints. An advocate visits the service on a regular basis. Recruitment practices need strengthening to ensure staff's fitness to work with vulnerable adults. Arrangements to promote hygienic practices and mitigate the risk of infection are in place. Medicine management needs strengthening to ensure people living and working at the service are fully safeguarded.

People can participate in work and leisure. Individuals are encouraged to visit the local community, if permitted, to pursue interests and hobbies. The organisation supports people to take part in voluntary work and or education and training. Staff support individuals to maintain contact with family and friends. The statement of purpose refers to individuals receiving support through the Welsh language if they want it. Although; there is little detail show how this will be implemented.

People live in a service that supports them to achieve their wellbeing. Individuals are accommodated in a domestic property within walking distance of the town centre and its facilities. Personal space encourages ownership and belonging. Communal living space encourages people to join in with everyday chores and events. We found the property was clean and comfortable and met individuals needs.

Care and Support

People are provided with suitable support that considers their personal wishes, aspirations and outcomes of any risks. We viewed one person's plan and found it was comprehensive and person centred. The plan is written in consultation with the individual and sets out a person's likes and preferences, health needs and risks to their wellbeing. It was not clear how often reviews of the plan are taking place. The person's needs and risks are being reviewed as part of on-going multi-disciplinary team discussions. We discussed the need for documents to reflect discussions. While no immediate action is required, this is an area of improvement and we expect the service provider to take action.

People need assurance the service provider is able to offer a service to meet their individual needs and outcomes. We viewed one person's care documents. There was no pre-assessment for the individual compiled by the staff at the service. An assessment of the individual's needs conducted by staff at their previous placement was on file. This contravenes the service's statement of purpose. The regulations require the service provider considers prospective residents' needs to make sure they offer a suitable service. While no immediate action is required, this is an area of improvement and we expect the service provider to take action.

Individuals cannot be confident the service providers have an up to date, accurate plan to show how support will be provided. A person moved into the service a number of weeks before our visit from another setting within the organisation. Staff are in the process of compiling a personal plan in consultation with the person. Care workers are reliant on their knowledge of the person having previously worked with them and information from the organisation's database to support the individual. The service's statement of purpose sets out the plan can take twelve weeks to compile. The regulations require a personal plan is prepared for each individual prior to commencement of the service. Whilst there was no obvious impact for this person, there would be increased risks if they had been admitted to the service from outside of the organisation. While no immediate action is required, this is an area of improvement and we expect the service provider to take action.

Medicine arrangements are unsafe. Care workers are being asked to engage in outdated and hazardous medicine practices due to on-going issues with the local pharmacy. This means there are increased risks to people living and working at the service. Care workers have received training in medication administration. Staff told us they felt vulnerable. We sought advice from the community pharmacist. While no immediate action is required, this is an area of improvement and we expect the service provider to take action.

Environment

People live in an environment that is suitable to meet their needs. Tydfil house is a domestic property located near to Abergavenny town centre and its facilities. We did not have an opportunity to walk around the property in order to respect individual's privacy and due to social distancing restrictions. The furniture, layout and décor is suitable for the service's intended use.

During our visit, we asked to view a range of environmental audits, which were not available due to IT issues. The last RI report showed on-going environmental checks such as water temperature and fire checks. The service has a food safety rating of four. The RI's report stated recommendations following the last Environmental Health visit to the service in 2019 have been met. The organisations maintenance team carry out repairs to the service. We were informed that environmental issues are discussed at monthly governance meetings.

The service promotes hygienic practices and manages the risks of infection. Checks are in place to mitigate risks for people living at the service. Care workers told us enhanced cleaning schedules are in use. People living at the service are responsible for cleaning around the home. Again, due to IT problems we were unable to view the documents. Policies and procedures are in place, which take into account current legislation and guidance.

Leadership and Management

Systems are in place to support the day to day running of the service. The manager is suitably experienced and registered with Social Care Wales (the workforce regulator). They are supported by a deputy manager and a small staff team. Due to social distancing restrictions the manager is not always at the service, but is contactable 24 hrs each day. Care Inspectorate Wales (CIW) have been notified of significant events as per regulations. Relevant agencies have been informed of safeguarding referrals. Staff told us one of the managers is always available.

The service is not always provided in accordance with the statement of purpose. During our feedback session with the RI we highlighted a number of areas within the document that needed to be reviewed. This included arrangements surrounding the suitability of the service for prospective residents.

We found insufficient arrangements in place for regular review and audit of the service. We were told there have been no formal complaints about the service. Individuals have an opportunity to share their views during regular discussions with staff. On the day of our unannounced visit, the service was experiencing IT issues. We were told the majority of audits are held on the organisations computer system. We requested supplementary information to support our inspection. Staff were unable to provide some information about the service as it is included as part of the organisation as a whole. The service is discussed within the organisations regular governance meetings. We asked to see a copy of the last six monthly quality of care and support report. This analyses trends and patterns linked to incidents, safeguarding matters and complaints. It also considers the views of people living and working at the service. No quality report has been compiled since the service's registration. The RI needs to have suitable systems to ensure they have clear oversight of the service. While no immediate action is required, this is an area of improvement and we expect the service provider to take action.

Recruitment processes need strengthening to ensure staff's fitness to work with vulnerable adults. We viewed two staff files and found the necessary pre-employment checks had taken place. We saw satisfactory references although, further checks need to be made to ensure rigorous selection and vetting systems. This includes authenticating references and exploring gaps in employment histories. In addition, there was no record to show applicants qualifications prior to appointment. Personnel records were unavailable at the service. They are centrally stored and overseen at the organisations head office. We reminded the RI this information should be available at the service for inspection.

Staff are able to access training to support their development. Staff training is monitored to ensure individuals have the necessary skills to meet people's needs. Newly appointed staff receive an induction. Staff supervisions and meetings have continued to update and inform

the staff team about the service. Care workers told us they feel supported to perform their role.

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
15	During inspection to the service, we found that a person was residing at the service for a number of	New

	<p>weeks without a personal plan in place. The SOP states that the plan will be drawn up within 12 weeks this does not comply with the regulations. Given the number of people living at the service/ impact to wellbeing I discussed with T/m and we agreed this should be an area of improvement .</p>	
16	<p>We visited the service 08/02/22 and found individuals personal plan was not formally reviewed on a three monthly basis. We saw that MDT meetings take place and individuals have an opportunity to discuss personal plans. The RI reg 73 sets out personal plans are reviewed 6 monthly. The SOP sets out PEEPS reviewed six monthly. I discussed this matter with team manager and agreed for area of improvement for all documents to reflect same due to size of service/ impact.</p>	New
58	<p>We visited the service on 08/02/22 and found unsafe medicine practices. Staff were secondary dispensing medicines into containers so residents could self administer tablets including CD's. There have been changes to pharmacy who will not supply individuals medication in blister packs. Staff are feeling vulnerable. CD's are not being monitored/ checked accordingly. This could affect individuals being able to move on to less supported accommodation. We sought advice from LHB pharmacist JD given risks attached to people taking medicines, those administering medicines.</p>	New
80	<p>We visited the service on 08/02/22 and found issues with IT systems. We found a number of the documents we requested we never produced. We did not see sufficient systems to assess/ monitor and improve the quality and safety of the service in place. The reg 73 visit did refer to many. We did not see audits to assess / monitor/ improve the environment. The service is overseen as part of the independant hospital setting. The service does not produce a six monthly Reg 80 report. QA is included as part of the overall hospitals monthly governance. Tydfil House is not viewed as separate. Information could not be teased out/ separated from organisation.</p>	New

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