



## Inspection Report on

**Llety House**

**Llanelli**

## Date Inspection Completed

09/05/2023

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## About Llety House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ty Gofal LTD
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">27 March 2023</a>
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

This was a focused inspection so on this occasion, we did not consider the environment in detail.

People have individualised personal plans in place for care workers to refer to, to enable people to achieve their personal outcomes. There are also risk assessments which clearly describe people's support arrangements and to maintain their overall well-being.

There is no manager in place currently, but there is a small team of care workers who support people each day in this service. The Responsible Individual (RI) is in daily contact with the service to provide managerial support until a manager is recruited. The staff team are up to date with their training and are supported appropriately with individual supervision meetings.

People are generally as active as they wish to be in this service, recently enjoying a weekend of Coronation celebrations. The premises are suitable for the purpose of people living there. The environment is safe, with all maintenance checks of the premises being completed as planned.

### Well-being

People are currently supported by a small team of care workers. They encourage people to make choices and decisions about how they spend their time and are invited to be involved in decisions about their lives.

The staff team have developed personal plans and risk assessments that describe each person's needs in clear terms. Care workers have knowledge of each person's personal preferences as these plans also contain pen pictures, with people's backgrounds and family information.

People have personalised their rooms and communal areas are welcoming, with photos of people engaging in various activities both inside the house and around the local area. People are as active in their local community as they wish to be – we saw photos of people engaged in various activities, including the recent Coronation parties.

There is no manager in post currently, so all day-to-day management of the service is provided by the RI, together with other directors of the company. However, there are enough care workers to meet their needs. All employees receive suitable support, guidance and training, and access policies and procedures to understand their responsibility to protect vulnerable people.

Senior staff carry out assessments before people move into the home, to consider a range of information to ensure they can meet people's needs. They take information from various sources, including previous placements and social worker reports. From this information, personal plans and risk assessments are developed, to enable people to achieve their health and well-being outcomes and to promote the overall safety of each person who uses the service. These documents clearly describe people's care and support needs and address all identified risks. They also provide information about the person, how they wish to live their lives, keep themselves safe and to achieve their personal outcomes. The RI is reviewing care records monthly, or more frequently if needs change - so they remain up to date.

As this was a focused inspection, we have not considered this theme in full. But people receive support in a suitable environment. Being a small residential property, the home is safe and secure, warm and clean. Bedrooms are spacious, well-decorated and personalised to reflect the occupant's personal tastes, hobbies and interests: there are ornaments, soft furnishings, photos and items of furniture.

There are menu planners in place, but there are always alternatives available where people change their minds. The kitchen cupboards, freezer and fridge are well stocked, with clearly labelled items.

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry. People's personal care records are stored securely and only available to care workers and healthcare professionals authorised to view them.

The provider ensures there are sufficient care workers to effectively support people to meet their health and well-being outcomes. Pre-employment checks take place before new employees start work. Disclosure and Barring (DBS) checks are in place, and all employee personnel files contain references from previous employers. Training certificates evidence all employees are up to date with their essential training. In addition, the current staff team have all recently received individual, recorded supervision meetings.

However, as there is no manager currently in post, the RI and other directors of the company are in daily contact with the service. They provide managerial support to the staff team, co-ordinate the staffing rota and respond to all day-to-day management issues that arise. In addition, the RI oversees the support being provided by care workers and monitors the overall quality of the service: we saw reports which evidence his findings and evidence that steps are being taken to address issues that arise. In addition, there is an induction plan available when a new manager is recruited.

Regular Health and Safety audits of the property are completed in line with the relevant guidance. For example, the fire logbook and water temperature testing are being completed as planned. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002. There are clear instructions displayed in the home on what to do in the event of a fire, and there are up to date Personal Emergency Evacuation Plans for people who need assistance in exiting the building in an emergency.

### 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
6	The provider does not ensure there is sufficient staffing to effectively support people to meet their health and well-being outcomes. The provider does not have personal plans to guide staff or risk assessments to help keep them and the people they support safe. The providers induction and training is ineffective and does not enable support workers to help people to achieve their outcomes. The provider does not ensure sufficient resources are available for the provision of the service.	Achieved
15	The provider is noncompliant because they do not ensure that people living in the home have their own personal plan, that identifies their care and support needs or how they achieve their personal outcomes.	Achieved

	The provider does not identify risks to peoples safety or prepare a plan to reduce these risks and enhance each individuals well-being.	
21	The provider does not have individual personal plans in place, therefore care and support does not promote health, well-being and safety of individuals.	Achieved
66	The Responsible Individual's (RI) oversight of the management of the service is ineffective and does not support people to achieve their health and well-being outcomes	Achieved
11	CIW have reasonable grounds to believe that the financial sustainability of the service may be compromised.	Achieved
35	The provider recruitment practices are not safe because they do not always check that new staff are of suitable integrity of character and have the required skills and knowledge.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A



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