



Inspection Report on

Ty Coed Bungalow

Neath

Date Inspection Completed

20/03/2024

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About Ty Coed Bungalow

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	National Autistic Society
Registered places	2
Language of the service	English
Previous Care Inspectorate Wales inspection	20 December 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 Coed Bungalow is a well-run service, supporting individuals with autism. The service is based in a group of homes run by the National Autistic Society (NAS). Ty Coed Bungalow comprises of two flats with an office and sleeping facility for staff in between, with well-maintained grounds. The manager supports two services with the same management team and core staff. Both services use the in-house relief staff and agency to support any shortfall in the staff required. There are appropriate numbers of staff for the day to day running of the service. Minibus drivers for activities and special events are limited. The recruitment process is under way, this was confirmed through discussion with the deputy management and staff. There is a temporary manager in place to cover leave. Staff and relatives have expressed their appreciation of the support given by the temporary manager.

The Responsible Individual (RI) has good mechanisms in place to monitor and review the quality of support to people. The RI visits regularly to obtain feedback from people and staff which feeds into comprehensive quarterly visit reports and bimonthly quality of care reviews. We saw good procedures in place for the safe recruitment of staff and their ongoing development. There is a robust safeguarding policy to protect the wellbeing of people.

Relatives told us they are happy with the support provided. The service meets the outcomes of the people and provides information for staff to best understand the needs, support and wishes of people.

Well-being

People have a voice and are treated with dignity and respect. People are involved with their personal support plan as much as possible and outcomes are based on their needs and wishes. Support plans are clearly written, and person centred. Plans are reviewed regularly to meet people's current needs, using pictures, symbols, and clear language suitable for individuals' communication needs.

People's physical and emotional well-being is supported. People receive good quality care and support that is having a positive impact on their quality of life. We found the environment to be relaxed and staff responded to the needs of people when needed and requested. People have regular access to the wider community, supported by staff who want to make a positive difference to their lives. Staff told us there is a lack of staff who can drive the in-service minibus which could affect the activities people can participate in. Such activities enhance the physical and emotional wellbeing of people, specifically when people become anxious. Staff work hard to coordinate drivers between both homes to minimise the impact on people. Staff told us; "*We finally have candidates coming through who have great values, morals and eagerness to learn new skills*". There is good communication with relatives/carers and appropriate referrals are made to health and social care professionals when needed.

Staff treat people respectfully ensuring their personal preferences are recognised. There is a strong core team in place, staff know people they support very well and are supported by good care planning documentation, with the additional support of the in-house PBS team (Positive behavioural support). Staff are kind and professional in their approach and are well supported by experienced senior staff. Staff training is up to date and regularly monitored by the deputy manager and RI.

People are protected from harm and neglect. People are supported by knowledgeable and skilled staff who receive safeguarding training and understand their role and responsibilities and would act on a concern. Staff told us; "*Safeguarding is protecting the individual ensuring they are safe from harm*". "*It's our responsibility to report any issues I would report it to the manager in the first instance and go further if necessary*". There are robust safeguarding policies and procedures in place which are regularly reviewed by the provider.

The Responsible Individual (RI) has good quality monitoring processes in place to safeguard vulnerable people. Quarterly monitoring visits give guidance and support to the manager to ensure ongoing improvements to the service. Quality of care reviews show a good oversight of the service, evidencing regular audits are carried out, such as finance, support plans and staff files.

Care and Support

People receive a good service that is designed with them and their relatives. Staff consider their needs, wishes and choices. People's care and support plans are person centred and reflect the support needs of people to enable them to be as independent as is possible. We saw that these are reviewed regularly and involve the individual and relatives as much as possible. Risk assessments are in place, regularly reviewed to give staff the information they need to best support people, recognise changes in mood and in their health and wellbeing. Staff have a good understanding of the likes and dislikes of people; these are woven into the writing of any support plans to strengthen their approaches to supporting people. Relatives' comments included staff are committed to the care and support needs of people and the wellbeing of people is very highly promoted. Staff told us; *"The individuals are fantastic and there are many opportunities to give the individuals the best quality of life possible"*.

There are good systems in place to protect people from harm and neglect. We saw a robust safeguarding policy and procedure in place to safeguard people. Staff have a good understanding of their role and responsibilities, undertaking safeguarding training at induction and completing refresher training regularly. This was confirmed by the training plan and when speaking with staff. We saw that people who do not have the capacity to make their own decisions about aspects of their care and support and accommodation have appropriate up to date Deprivation of Liberty Safeguards (DoLS) in place.

The provider has good systems in place for the management of medication. We saw the service carry out regular medication audits. Medication administration records (MAR) are completed correctly to evidence the safe administration of medication. Training for staff with responsibility for administering medication is provided at induction followed by an annual competency assessment. Competency assessments seen could be strengthened with evaluating comments and guidance to staff at the end of the assessment. This is to ensure their understanding of any areas of improvement required by them to keep people safe.

The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. Pre-assessments are carried out supported by policy and procedures which show staff the needs and desired outcomes of people. People are offered the opportunity to visit and have overnight stays at the service before they move in. The service is delivered in line with the Statement of Purpose (SOP)

Environment

The individual flats meet the needs of the people. Flats are personalised and reflect the wishes and support needs of people. Each flat has a small accessible private garden area to support the health and wellbeing of people. We saw people appear comfortable in their surroundings.

The provider has systems in place to identify and mitigate risk to the health and safety of people. Routine servicing of utilities such as gas and electricity take place and certificates seen confirm they are safe. We saw servicing records for fire safety equipment and fire system. The fire risk assessment was just out of date. The manager has recently completed fire risk assessment training and will complete the risk assessment soon. We looked at personal emergency evacuation plans (PEEP's) for people. Evacuation procedures are in place to ensure the well-being of people. Risk assessments around water temperatures and legionella are in place. The service is secure with high fence and key code entry system in place. The service shares a full-time maintenance person to support ongoing maintenance.

The management of infection control and hygiene practices within the service are good, we saw documentation and stocks of Personal protective equipment (PPE) to support this. The laundry room is small but organised. Materials which have the potential to cause harm are securely locked away to safeguard people, in line with the COSHH Regulations 2002. COSHH (Control of Substances Hazardous to Health).

Leadership and Management

The provider considers a wide range of views and information in order to confirm their ability to meet the needs of the people they support. The provider has produced an

individual guide to services which supports the communication needs of people. The service is delivered in line with the Statement of Purpose (SoP) which sets out what services will be provided and how they will be delivered.

The service has good systems in place to monitor and review the quality of care and support being provided. The RI has good oversight of the service which is reflected in comprehensive visit reports and quality of care reviews. Each report shows audits, and clear guidelines to the manager and operational manager of their role and responsibilities in the quality process. The provider has oversight of financial arrangements and investments in the service. We saw appropriate staffing numbers on the day of inspection; this was confirmed by the daily schedule for staff. The provider has a core of well-trained staff across the two services, with vacancies supported by an internal relief team. The recruitment of appropriate staff has been a problem over the past year, specifically minibus drivers which staff and the manager feel are improving. Staff told us; *“Sometimes there are not enough minibus drivers on, bus times are not always available, so you do tabletop activities in house”*. This was discussed with the deputy manager who gave reassurances minibus drivers are a priority when recruiting staff.

The service provides staff who have the knowledge, competency, and skills to support individuals to achieve their personal outcomes. The training plan viewed showed staff are up to date with all mandatory training and some specialist training such as autism. Documentation confirmed all staff are registered with or working towards registration with Social Care Wales (SCW), the workforce regulator. We looked at five staff files and saw that recruitment documentation is in place. Records show the provider carries out the necessary checks when recruiting staff. Enhanced DBS (Disclosure and Barring Service) checks are carried out and are reviewed in line with regulatory timescales. Supervision and appraisal records show staff are well supported and their well-being considered. Comments included, *“Lovely environment to work in”*. *“The staff are brilliant, and morale is high at the moment”*. *“We have a strong consistent team within the services, during the last few years it has been difficult recruiting, although we have a great bunch of new starters who are eager to learn and want to progress already 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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