



Inspection Report on

Ty Seren

**TY SEREN
CEFN STYLLE ROAD GOWERTON
SWANSEA
SA4 3QS**

Date Inspection Completed

10 February 2020

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Description of the service

Ty Seren is a care home registered to provide personal care for up to eight people aged 18-64 years who have learning disabilities, autism and autism associated conditions. The home is owned by Orbis Education and Care Limited, the responsible individual is Sally Spillane and a temporary manager is in place who is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

Overall, the home is clean and provides suitable, comfortable spaces where people can relax on their own or with others. People follow their activity plans and they are gradually extending their repertoire of places to visit and making progress with independence skills. People's health is improving through more healthy diets and exercise. Safeguarding procedures are followed and responsive action is taken to reduce risks. Staff are enthusiastic about their work and they are suitably trained and supervised. The recruitment of new staff is progressing and the temporary manager is visible and valued by the staff. Quality assurance processes are in place which are driving improvement

2. Improvements

- People are following their activity planners and are extending their opportunities and skills;
- People are developing peer relationships within the home;
- More people are engaging in swimming and healthy meal options are being chosen more frequently;
- The downstairs rooms and hallways have been redecorated;
- The two living rooms have been refurbished with new sofas, furniture, colourful blinds and soft furnishings and displays of people's art work;
- The kitchen has been cleaned, it has two new large fridges and a more accessible, orderly system for the storage of food;
- The mat at the entrance to the home, which was contributing to a strong malodour, has been removed;
- The laundry room has been re-positioned inside the home and has a clear flow system for clean and dirty laundry;
- The previous office has been converted into a medical room with suitable storage facilities;
- The boundary wall outside has been painted, fencing has been erected and a new electronic gate fitted;
- The outdoor area has been cleared of debris and old clothes;
- A signing in book is in place;
- Cleaners are attending the home three times a week;
- Staff are being supervised regularly;

- Staff are following the medication policy;
- The manager is visible, supportive of staff and is driving improvements;
- The responsible individual is regularly visiting the home and monitoring the home improvement plan;

3. Requirements and recommendations

Section five of this report sets out our recommendation to improve the service. These include the following areas:

- Compatibility assessments;
- Care and support and local authority plans;
- Health action plans;
- Cleaning;
- Entrance gates;
- Access to hand soap;
- Outdoor area;
- Complaints procedure;
- Sharing of information about the home with people and
- Format of the regulation 73 report.

1. Well-being

Our findings

People have a voice. There was a range of processes in place which meant that people could express themselves and make choices. Admission procedures involved consultation with people and their family/carers, this was continued through the existing multi-disciplinary meetings, and the newly introduced person centred planning processes. Staff were able to communicate with people in their preferred fashion to elicit their views on daily activities, food choices and their changing support needs. People had participated in a house meeting where they had expressed their views on a range of issues related to their care. People had access to information about their care and how to complain in a suitable format. People are able to make decisions and can influence their care.

Processes and procedures are in place which safeguard people. There was a safeguarding policy in place, the safeguarding procedures were displayed in a visual format around the home and all staff were up to date with their safeguarding training. The manager was clear about his duties in relation to safeguarding referrals and notifications to CIW and responsive action had been taken in relation to practice and environmental issues. Regular health and safety checks were carried out and a fire drill had been undertaken. People were supported to keep their bedrooms as safe spaces, signing in procedures were in place but staff need to ensure that the two entrance gates are locked at all times. People are safeguarded.

People are supported to optimise their health. Health action plans were followed by suitably trained staff and on almost all occasions timely action had been taken in relation to people's health needs. Staff adhered to the service's medical policy and physical exercise and healthy diets were promoted. Staff were sensitive to people's emotional presentations and they followed the individual PBS plans to reduce incidents of distress. Records and photographs showed that people were engaging happily with staff, a parent had commented that they would like X to "*continue to be happy and smiling daily.*" People are being helped to look after their physical and emotional health.

People are benefitting from an improving environment. The communal areas of the home were clean, they had been redecorated and refurbished and they had a more homely feel to them. Overall, the kitchen and bathrooms were clean and the bedrooms were personalised, though they required redecoration. Leaders were taking action to address impact considerations and to improve people's rights and well-being and timely action was being taken in relation to repairs. The outdoor area had not yet been addressed and required work to make it an interesting option for people to use for their enjoyment and well-being. People live in accommodation which is becoming more suitable to meet their needs.

2. Care and Support

Our findings

People have detailed positive behaviour support plans in place and person centred planning is gradually being introduced. We saw that pre-admission and compatibility assessments were in place, although the compatibility assessments were generalised, the same document having been used for two different people. Provider assessments had been completed for those people admitted following RISCA regulations, care and treatment plans were up to date but inaccurate in places and one local authority plan was out of date. People and their families were consulted to create positive behaviour support (PBS) plans, which provided guidance for the staff to support people to achieve positive well-being. We saw minutes of multi-disciplinary meetings for two out of four months since the last inspection; they showed that plans had been reviewed and that activity planners reflected the agreed changes. The PBS plans did not evidence outcome focused planning with people, however, there was evidence of consultation work with parents in relation to the gradual introduction of person centred planning processes. The RI advised that the aim would be to amalgamate outcome focused, person centred planning with the successful features of their current model of practice. Admission processes are followed, detailed PBS plans are in place and work has started on person centred planning in order to promote people's involvement in outcome focused planning.

People are safeguarded. There had been a number of safeguarding referrals since the last inspection, some of these were historical, although the number also reflected the more proactive response and adherence to procedures by the new manager in place. Action had been taken to address environmental and practice issues and safeguarding was a regular item on the supervision agenda. All staff were up to date with their safeguarding training and the safeguarding procedures had been converted into a suitable visual format for people living in the home. Safeguarding is understood and practice is improving.

People are supported to develop independence skills and to do things which they enjoy. Records showed that staff encouraged people to follow their activity planners using their preferred communication tools. The cultural shift in the service meant that staff were supporting people in a gradual move away from more passive lifestyles to ones with more regular, meaningful activity. Records showed that people were following their plans by completing daily living tasks. A designated member of staff supported people and mentored staff in the preparation of healthy food and one young person had made good progress in this area. Other young people were regularly following their daily personal care routines, making choices about their meals and happily engaging with staff for more prolonged periods. People had also been supported to develop peer relationships and to regularly participate in activities such as yoga and swimming, one person having achieved this for the first time in many years. Due to safety issues, some young people were not able to take part in activities in the community, however, they were being taken on drives in the car most days and offered sensory activities indoors. Improvements are being made so that people can be more active and more involved in their care so that they can enjoy themselves.

People are supported to be as healthy as they can be. Health action plans were on file, though they were not dated. Records showed that appointments were being arranged with primary health services and GP and hospital appointments had been attended and

recorded. Responsive action had been taken in relation to health issues and learning had been shared on an occasion when action had not been sufficiently timely. Psychiatric reviews had taken place within the home and medication administration records showed that the service's policy was being adhered to. The records had a picture of each person, though there was a discrepancy between the list of medication on file and that on the administration records for one young person. We recommended that the manager check this. Independent medical audits had been undertaken and the required follow up actions completed. People's diets had improved, they were eating healthier foods though there remained room for further uptake of healthy meal options. People were starting to engage in regular physical exercise on an individual and group basis. Records showed that staff were attuned to people's emotional presentations and were responsive and respectful of people's choices when they wished to have time alone. Conversely, staff also capitalised on the occasions when people welcomed their presence for more sociable interactions. Improvements are being made in relation to people achieving good health outcomes.

3. Environment

Our findings

Overall, people live in accommodation which is clean and hygienic. The home was clean and had been redecorated and refurbished since the last inspection. Contract cleaners came to the home three times a week and staff also had daily cleaning duties. The entrance to the home was clean and without any malodour. The communal areas were inviting and homely with new sofas, colourful blinds, cushions, rugs and suitable dining facilities. The scratched flooring throughout the home was due to be replaced the following week. The kitchen surfaces and floor were clean, though there were some cobwebs between the ceiling and tiles with insects caught in them. Food was stored appropriately and in an organised fashion. The bathrooms were clean though some toilets needed cleaning. One of the bedrooms smelled strongly of urine, despite having been cleaned that morning. The responsible individual advised that new specialist flooring was due to be fitted to address this issue. Leaders had made plans to address the particular accommodation needs for a person which would promote their safety and rights and also meet the well-being needs of others in the home. Regular cleaning, ongoing redecoration and refurbishment means that people live in a home which is clean and which makes them feel valued.

Overall, people live in accommodation which meets their health and safety needs. A new metal, electronic front gate was in place, though the existing wooden gate nearer the entrance was open on our arrival. This gate needs to be kept locked at all times as it provides an initial barrier to people attempting to abscond before they reach the new gate. Some panels of the front fence had fallen down in the recent inclement weather; the estates manager was at the home arranging for these to be fixed in a timely manner. We were asked for identification and to sign in on our arrival. The hand-rail on the stairs had been removed as it had been damaged and we recommended that this was replaced as soon as possible to aid stability on the stairs. Due to safety issues, we were advised that hand soap was kept in a locked cupboard on the landing, however, on checking, none was in there. The team leader advised that it would be replenished that day. Suitable storage was in place in people's bedrooms and they had been supported to rationalise their belongings in order to improve the safety. Records showed that the required health and safety checks had been undertaken on a regular basis and a fire drill had been carried out. The laundry and medical rooms had been repositioned within the home; the laundry room was clean and had a clear flow system for clean and dirty washing and the medical room had suitable storage and temperature controls. Regular checks and an overall improving environment and practices means that people are kept safe and secure.

The outdoor area requires development to provide a much needed, stimulating environment for people. The large enclosed garden was muddy and had a small trampette in it and some people liked to run around in it to let off steam. Their ability to do this was seen as crucial in reducing their challenging behaviour. The manager advised that it would be the last area to be addressed in the home improvement plan due to ongoing access to builders. Plans were in place for a large trampoline, a swing and natural climbing features on a levelled garden. The wooden cabin was due to have electricity installed for it to be used as a meeting room. There were also plans to create a bespoke flat for a young person to promote their independence and safe access to the outdoors. Leaders are addressing people's needs for a suitable outdoor area.

4. Leadership and Management

Our findings

People are able to access information about their care, support and opportunities available to them. The statement of purpose had been updated and amended. Files contained a guide to the home and the complaints procedures in a visual format. The complaints procedure contained incorrect information about CIW's role so we recommended that this was amended. Although we were told that copies of these documents would be kept in each person's room, we did not see any evidence that they had seen them. We recommended that leaders ensure that consideration is given as to the most suitable, evidenced approach in which to share these important guides with people. People have access to important information about their care, however, leaders need to ensure that this information has been shared and understood.

People can be assured that they are cared for by a sufficient number of staff, with varying skills and experience, who are trained and regularly supervised. Due to the change in culture, a number of staff had left the service, although some progress had been made in recruiting new staff. The manager felt assured that the core staff who remained along with the newer recruits were committed to progressing the vision of an improved service. The staff we spoke to talked enthusiastically about their work and of "*all being on the same page*" with an open and supportive team culture. Records showed that agency staff continued to be used at the same rate, though with more new staff about to start, it was anticipated that this would reduce. Records showed that the same agency staff were regularly used, which created a certain consistency within this arrangement. Team leaders spoke of providing positive role models for staff and the manager was a visible presence in the home. Staff told us that they could talk to him or the team leaders about anything and that it was good to see him "*on the ground*" having good relationships with the people living there. We were told that a new permanent manager, due to start in March 2020, would receive several months of overlapping mentoring from the current temporary manager. Records showed that staff were being regularly supervised with role competencies being addressed, supportive discussions around welfare issues and encouragement for personal development. Leaders ensure that there are sufficient numbers of staff who are supported to meet the complex needs of people living there.

Leaders ensure that quality assurance processes are in place. The monthly quality assurance audits had been replaced by weekly meetings between the responsible individual and manager to address the home improvement plan aligned to the local authority joint interagency monitoring panel. Records showed that progress had been made with the plan which was verified by our findings on inspection and feedback from stakeholders. A parent had commented that the manager had made "*an excellent change at Ty Seren...I am so much happier and feel so confident*". The responsible individual had made monthly regulation 73 visits which evidenced consultation with staff and people living at the home and included audits of the environment and records. They contained clear feedback and directions on areas for improvement, though it was difficult to follow each issue through. They would benefit from a clearer format of the actions to be undertaken so that progress can be clearly identified. Quality assurance processes are in place which promote improved outcomes for people living at the home.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

<ul style="list-style-type: none">• The service was not being provided in accordance with the statement of purpose.	This non-compliance was met at the inspection.
<ul style="list-style-type: none">• People's care and support plans were not always followed.	This non-compliance was met at the inspection.
<ul style="list-style-type: none">• Insufficient , experienced and qualified staff.	This non-compliance was met at the inspection.
<ul style="list-style-type: none">• The premises, facilities and equipment do not meet the care and support needs of people living in the home.	This non-compliance was met at the inspection.
<ul style="list-style-type: none">• Medicines not administered in line with policy and PRN medication given routinely.	This non-compliance was met at the inspection.
<ul style="list-style-type: none">• RI has not ensured that their supervision of the management of the service has resulted in sufficient oversight and action to address pertinent issues.	This non-compliance was met at the inspection

5.2 Recommendations for improvement

We recommend that:

- Compatibility assessments evidence a more personalised, bespoke approach which outline individual competing needs, how they would be managed and the information used to make decisions;
- The people's files contain accurate care and support plans and that up to date local authority plans are on file;
- Health action plans on file are dated and that the record of medication mirrors that of the MAR charts;
- The area between the ceiling and tiles in the kitchen is regularly cleaned to prevent the build-up of cobwebs and that toilets are checked regularly throughout the day and are cleaned if required;

- The wooden entrance gate to the home is kept locked at all times to supplement security;
- Supplies of hand soap are regularly checked to ensure safe, hygiene practices;
- The outdoor area is progressed as soon as possible to provide an interesting space which supports people's well-being;
- The inaccurate information regarding CIW is amended in the complaints procedure;
- Leaders consider ways in which they can evidence that the guide to the home and the complaints procedures have been shared with people and
- Regulations 73 reports are formatted so that the follow up of actions is more clearly evidenced.

6. How we undertook this inspection

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Gower Lodge (Swansea) Limited
Manager	Ian Woodington
Registered maximum number of places	8
Date of previous Care Inspectorate Wales inspection	07 October 2019
Dates of this Inspection visit(s)	10 February 2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No, this service does not provide the Welsh language active offer.

Additional Information:

Date Published 31/03/2020