



# Inspection Report on

Ty Iscoed

**TY ISCOED HOME FOR THE ELDERLY  
WOODLAND DRIVE NEWBRIDGE  
NEWPORT  
NP11 5FQ**

**23 & 24 January 2020**

24/01/2020

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## **Description of the service**

Ty Iscoed residential home is owned by Caerphilly County Borough Council. The service provides personal care with accommodation for 30 people living with dementia. A designated responsible individual (RI) Jo Williams is responsible for the oversight of the service. A suitably registered manager carries out the day to day operation of the service. Ty Iscoed is situated in a quiet area of the community. A few minutes away from Newbridge town centre with its amenities and transport links.

## **Summary of our findings**

### **1. Overall assessment**

People we spoke with were highly complementary of the service. Relatives and professionals described the family atmosphere at Ty Iscoed and commented on the friendliness of the staff. During our visits, we observed kind, caring and compassionate support towards residents. Staff were dedicated and knowledgeable about the people they cared for. The management was effective and committed to providing a good service for people. The environment was suitable for people's needs with some areas earmarked for improvement.

### **2. Improvements**

This was the first inspection to the service under Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will be considered at future inspections of the service.

### **3. Requirements and recommendations**

Section five of the report sets out the areas where the service is not meeting legal requirements. These include:

- Six monthly quality of care and support reports had not been completed for the service. This is a breach of the regulations.

Recommendations to improve the service and provide positive outcomes for people were noted which included staff training and supervision and consultation with others.

# 1. Well-being

## Our findings

People live in a safe, comfortable and well maintained environment. The service adopts the butterfly model in respect to dementia care and has previously received accreditation. Service provision is split across three houses within the home, Willow House, Mountain View and Maple House. The environment provides a number of themed areas which promotes stimulation and orientation. People live in a home that supports their wellbeing.

People are able to make everyday choices. We spoke with relatives and professionals and considered individual's care documents. We found care plans were person centred and supported individuals' likes and preferences. Examples included, the time people wanted to get up and retire to bed, whether they preferred to bathe or shower and time of the day, evening they wanted support to do so as well as food and drink choices. People's rooms were personalised with their belongings and keepsakes. We saw people can spend time alone or with others. We saw resources such as books, magazines and games were freely available. People were engaged in activities such as knitting, reading, puzzles and making cakes. The environment supported people's free movement. We found people's individual routines are supported and respected.

People's physical, mental and emotional health needs are met. Staff were responsive to resident's individual needs. We saw positive instances of staff supporting people who were upset. People were supported to access healthcare services. We found timely referrals were made to healthcare professionals when people's individual needs changed. People were supported to access advocacy services which supported their individual's rights. People benefit from staff who know them well.

People are safeguarded from abuse and neglect. Staff receive safeguarding training and a policy is in place to support and protect people. Safe management systems monitor falls and considers complaints and accident reporting. Staff recruitment practices endorse staff are fit to work with vulnerable individuals. Medication arrangements further safeguard people. The environment is secure from unwanted visitors and any unnecessary risks are mitigated. Steps have been taken to promote and protect the health, safety and welfare of people living, working and visiting the service.

People are supported to maintain links with their family, friends and the local community. Family and friends are encouraged to visit their loved ones as often as they choose. People are supported to continue to practice their faith. Local school children and a mobile library regularly visit the service. A number of events had been held and family are encouraged to attend. We saw photographs of a recent visit by the Salvation Army and a war time entertainer. The garden was looked after by a resident and their family and had been entered into a local gardening competition. People are encouraged to follow their interests.

## 2. Care and Support

### Our findings

People have an opportunity to visit and assess the facilities and suitability of the service. Prior to moving into Ty Iscoed each person has a comprehensive pre assessment completed to establish their needs can be met. Residents and their relatives are consulted during this process. The service is able to offer people temporary respite stays. Individuals are matched into one of the three homes which make up the service. The intention is to match the persons support needs to the environment provided. The aim is for people to live similarly in an environment which best suits them. People living in each house are supported by staff that are also matched and have appropriate training. A relative told us once their loved one was entrusted into the service' care they (the relative) also became part of the Ty Iscoed family. We found people can be satisfied the service can meet their individual needs.

People's individual needs and circumstances are considered. Care documents provided clear instructions for staff how best to assist/ support individuals. "This is me" documents, gather information about the person, they're likes, dislikes and past histories. We found this information was included within people's individual plans and reflected their individuality. Each person had an allocated keyworker, a designated staff member who was responsible for their care delivery and review of care documents. We found the regular review of care plans ensured that people's health is monitored. People were supported by dedicated staff who know them well.

People are supported to access health and other services. They have access to GP, dentist, optician and podiatry services. District nurses support residents with any additional healthcare needs. The service is also able to draw upon further community support in the form of memory nurses, frailty team, palliative care agencies and social workers. Referrals are made in a timely way to relevant health and social care professionals as and when people's needs change. We spoke with a visiting healthcare professional who confirmed the service has good working relationships with healthcare agencies. People are treated with dignity and respect.

People are safeguarded from harm and abuse. Individual risk assessments support people's safety and independence. We found where an individual lacks capacity to make decisions in their own interests applications had been made to the relevant agency. The service facilitates access to advocacy services when necessary. Arrangements were in place for the safe management of medicines. Internal audits monitor gaps in recording and near misses. External monitoring from the supplying pharmacy is on-going. An annual visit to the service is conducted by a pharmacist attached to the GP surgery. We were told regular medication reviews were carried out for people being overseen by memory team. Arrangements support the protection of people from abuse, neglect and self-harm.

People are able to do things that matter to them. In keeping with the butterfly approach, the service does not employ designated activity staff as all staff provide opportunities and support residents to take part in everyday activities. Throughout our visits we saw individuals participating in a range of activities. We observed the midday dining experience in Willow house and found it was relaxed and promoted social interaction. We saw people were encouraged to make food choices. Staff used sample meals as visual prompts. We found the pace and atmosphere provided a positive experience. People were encouraged and supported to be stimulated.

### **3. Environment**

#### **Our findings**

People are supported in a safe, clean, comfortable and stimulating environment. The service is split into three separate areas. Security arrangements were in place which ensure individuals are safe and secure without compromising their rights, privacy and dignity. Many of the communal areas, corridors and bathrooms were themed in keeping with the Butterfly approach. All of which contained complementary fixtures and furnishings. There were a number of areas people could spend time privately and or with visitors. The environment enabled people to walk around freely and corridors promoted orientation. People's wellbeing was enhanced by having facilities and services available to them.

The service provider identifies and mitigates risks to health and safety. Regular audits of the environment demonstrated the premises comply with current health and safety, fire and environmental health legislation. We viewed a number of maintenance certificates and engineer reports in respect of gas, electric, fire and portable appliance safety (PAT). The service was awarded a 5 star Food Standard Agency rating which demonstrated very high standards of hygiene. Some improvements to the property had been undertaken which included the removal of asbestos and installation of suspended ceilings. Areas were earmarked for redecoration following the completed works. We noticed many of the radiator covers needed replacement. The manager told us this had been identified and works were in hand. They told us residents would be consulted about future colour schemes. People living, working and visiting the service can be assured the environment is safe and maintained.

## 4. Leadership and Management

### Our findings

People benefit from an open leadership and management approach. The manager is qualified, competent and experienced to carry out the day to day operation of the service. They are registered with Social Care Wales. The management approach of the home is open and transparent and creates a positive and enabling atmosphere. Management systems to support the day to day operation of the service were in place. Monitoring arrangements in relation to people's care delivery and health and safety of the environment were on-going. Policies and practices serve to safeguard people and further support the running of the service. People are supported by a visible and approachable management team.

Staff are suitably vetted and trained to perform their role. We viewed staff personnel files. We found the necessary pre- employment checks had been completed for new staff members. Identification and references further supported each individual fitness to work with vulnerable adults.

We considered individual staff training plans. Many of the staff had worked at the service for a number of years. We saw the majority of staff attended refresher training. We did find individual staff had not completed isolated training events. We were told training was planned for these individuals. Records were provided to demonstrate training was planned. We spoke with staff who felt satisfied with the training opportunities at the service. Staff confirmed they had not received regular supervision during 2019. Staff felt that the manager has an open door policy and felt satisfied they could discuss any issue when they wanted to. The manager acknowledged the same and showed us a prepared template for staff supervision in 2020. Whilst people benefit from well supported staff we identified staff supervision as an area of improvement.

Opportunities for regular consultation with people need to be strengthened. We were told residents meetings had not been routinely held or been well attended. The manager recognised the importance to engage with relatives and representatives of people living at the service on a regular basis. We spoke with relatives who were all complimentary of the service. They told us the managers were approachable. Relatives spoke about the family atmosphere at Ty Isoced and being welcome to attend events. They felt satisfied that if they had any concerns they would be swiftly dealt with. A meeting was planned to generate ideas how to gain relatives engagement. We identified this as an area of improvement.

Arrangements for the effective oversight of the service through ongoing quality assurance processes which review standards of care and gathers the views of people need to be strengthened. We saw evidence the responsible individual (RI) had visited the home and audited various aspects of the service. There is a lack of quality assurance monitoring that involve consultation to measure the success of achieving aims. No quality of care review



report had been completed since the service registered in December 2018. The regulations set out the quality of care report is to be compiled at least every six months. The provider does not have sufficient mechanisms in place to keep the progress of the service under continual review and improvements should be made to meet regulatory requirements in this area.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This was the first inspection to the service under Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Areas of non compliance from this inspection**

The service was registered under RISCA in December 2018. Areas where the service did not meet legal requirements of the Regulation and Inspection of Social Care Act (RISCA) 2016. CIW is notifying the provider of the following non compliances:

The service does not meet regulatory requirements in relation to:

No quality of care and support reports had been completed since the service's registration. The regulations expect the quality of care and support is reviewed and a report produced at least six monthly. This is a breach of the regulations. We spoke with the manager who recognised the importance of the review and the subsequent document. Action must be taken by the responsible individual to address this breach as a priority.

A formal non-compliance notice has not been issued in relation to this at this time as there was no immediate or significant impact for people using the service.

### **5.3 Recommendations for improvement**

Recommendations to improve the service and provide positive outcomes for people were noted which included:

- Staff training
- Staff supervision
- Consultation with others

## 6. How we undertook this inspection

We visited the service on 23 & 24 January 2020 and carried out a post registration inspection. This also included a thematic review of people living with dementia in care homes.

The following regulations were considered as part of this inspection: The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

During the visit:

- We spoke with residents, staff members and relatives
- We spoke with the manager and deputy manager
- We spoke with three visiting professionals (Nurse Practitioner attached to GP practice, Relevant Persons Representative and Social Worker)
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We viewed three residents' care documents, risk assessments and monitoring charts
- We viewed five residents' medication information and the service's medication policy
- We viewed the service's Statement of Purpose (SOP). The SOP sets out the vision for the service and demonstrates how, particularly through the levels of training of staff, and so on, the service will promote the best possible outcomes for the people they care for
- We viewed residents' daily activities and routines
- We saw team meeting minutes for February, May and September 2019
- We viewed the service's staff training plan for 2019
- We viewed a selection of maintenance certificates
- We made general observations of the environment
- We considered The Kings fund EHE Environmental Assessment tool: Is your care home dementia friendly.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Caerphilly County Borough Council</b>
<b>Responsible Individual</b>	<b>Jo Williams</b>
<b>Registered maximum number of places</b>	<b>30</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This is the first inspection to the service since registration under RISCA.</b>
<b>Dates of this Inspection visits</b>	<b>23 &amp; 24 January 2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Working towards the active offer</b>
<b>Additional Information:</b>	

**Date Published 16/03/2020**