



## Inspection Report on

**Ty Connie**

**47 FINCHLEY ROAD  
CARDIFF  
CF5 3AX**

## **Date Inspection Completed**

04/11/2019

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## **Description of the service**

Ty Connie is registered with Care Inspectorate Wales (CIW) to accommodate and support up to three adults from 18 years.

The registered provider is Gofal Cymru Care Ltd. Laura Rees is the responsible individual (RI) providing strategic oversight, and at the time of our visit a temporary manager was in post, who is registered with Social Care Wales. The RI informed us that the permanent position will be advertised in due course.

## **Summary of our findings**

### **1. Overall assessment**

People living at Ty Connie benefit from positive relationships with staff and recognise the importance of people's individuality. They are given opportunities to promote their skills for independence and social events, which will enrich their lives.

We were told by the people living at the home and staff that the RI and the manager was supportive and approachable.

We found people's care and support plans detailed and reflected their aspirations for the future, but reviews were not always undertaken to reflect on achievements and future personal goals.

We recommended that further oversight is needed to be assured that robust medication arrangements are in place.

We found several environmental repairs required in the home which could compromise people's safety.

### **2. Improvements**

Ty Connie was recently re-registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

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

Section five sets out areas in which the registered provider is not currently meeting legal requirements and our recommendations to improve the service, if any.

# 1. Well-being

## Our findings

There are quality assurance systems in place to ensure people are consulted. We saw there was a consultation report for 2018 for people living at the home, their representatives, staff and stakeholders. At the time of inspection, the 2019 questionnaires had been sent to relevant parties but had not been returned to evaluate. Overall, all parties were satisfied with the quality of care and service being delivered at Ty Connie. Some comments included;

- *“They are happy living at Ty Connie and like there room”*
- *“I get on with the other people living at the home”*
- *“Staff treat them well, listens and help them as necessary”*

One individual stated that *“sometimes the food isn’t to their taste and would like more varied products”*. When we read the annual development plan we noted that this area was going to be addressed, and people living at the home would be consulted in the revision of the menu, to accommodate their preferences.

The report produced was a company report which also included the results from other services which was not relevant to Ty Connie, and was confusing for the reader. We recommended that the action plan should be more specific, with timescales for completion, in order to be measured accordingly.

In addition, we examined minutes of a meeting that took place on 17 October 2019 with the registered person, manager and the people living at the home. This was a useful and informative meeting which included discussions about meals with families, planning events, sharing ideas, explaining the role of the key worker and informing people of service changes. When we asked to view the minutes of other meetings the temporary manager confirmed that a formal meeting has not taken place since December 2018. We recommended that this is considered for the future as they are of value to people living at the home.

We conclude that people have a voice, and their contribution is valued, however further consideration should be given to the formatting of the consultation document and the frequency of the group meetings.

The active offer of Welsh is not currently provided at the service. There are no people living at the home whose preferred language was Welsh, and no staff employed that were able to communicate bilingually. We found that the general information is not currently provided bilingually and no signage available within the home.

However we examined the statement of purpose, which made reference to the active offer of the Welsh language. If there were any prospective people moving into the home that communicates bilingually, the company gave their commitment that their preferred communication needs would be promoted, and staff would undertake basic Welsh language training.

We conclude that home is not working towards the “Active Offer” of the Welsh language, but the provider is committed to meeting peoples preferred communication needs, when required.

People are provided with information about the service they will receive but further revision is required. We examined the Statement of Purpose document and the User Information Guide. These are important documents that outline what the service provides for any

prospective person to make an informed choice, if they would like to use the service. When we examined the documents we found that overall they were detailed and well informed. However, they required further revision to fully meet the required regulations. Additionally, we informed the registered person that the information should be reviewed on an annual basis. When we spoke to the registered person they assured us that the information would be strengthened, and a copy given to all people living at the home and CIW. Based on the information sampled, we conclude that generally people receive information to make an informed choice, but this could be further improved to fully meet the regulatory requirements.

People can be confident that there are arrangements in place to raise a concern. We examined the complaints policy and found that there was also an easy read format available which outlined the process to raise a concern. When we spoke to people living at the home, they confirmed that they felt confident to raise an issue and always listened to. The complaints policy required revision to amend regulatory changes and clarify the roles of CIW and the Local Authority commissioning department when raising a concern. Furthermore, we examined the complaints received and found that any concerns were appropriately acknowledged and addressed, in accordance with the timeframe within the policy. However, we recommended that the complaints tracking form included the date when the concern was resolved, and a copy of the outcome letter sent to the complainant. Our findings conclude that generally people are encouraged to raise concerns and the provider actions accordingly, however, the resolutions should be confirmed in writing to the complainant.

People are actively encouraged to engage in activities and skills for independence. During our visit we saw a person attending a local group in the community to meet their friends, and another individual went for a walk and visited the shops independently. We received questionnaire feedback from a relative and they commented that *“they would like more activities for people to take part in.”*

We also observed an individual and a staff member playing cards and having jovial conversations. When we spoke to people at the home they confirmed *“We all get on together and help each other run the home”*. *“I love to maintain the garden and others like cleaning, so we share the tasks to suit what we like doing”*. A relative told us what they like best about the home, *“people living at the home are friendly.”*

In addition people told us that they enjoyed living there, but their aim was to move into a place of their own. When we examined people’s personal files, this evidenced that since they have moved into the home their personal development and abilities had been enhanced, therefore as a result, people had achieved many aspects of their personal goals and plans. For example a person was being supported to access the local community but now enjoys going for a walk and visits the shops, independently.

We found that although the care plans identified future goals and aspirations, there were gaps in the key workers undertaking monthly reviews to measure progress and celebrate achievements.

The temporary manager confirmed that this would be addressed for people to be assured that their progress was being measured to achieve their personal outcomes. We conclude that individuals are benefiting from being actively involved in activities and skills for independence at the home, but further focus on longer term development will be required to meet people’s personal outcomes.

## 2. Care and Support

### Our findings

People have good relations with staff who know them well and understands their needs. During our visit we observed staff supporting individuals with dignity, respect and kindness. People were observed having a range of conversations with staff, which included the use of humour, resulting in laughter and smiles all round. People's choices were recognised and valued. We saw people living at the home being encouraged to be involved and have control in their decision making. They told us; "*The staff are great*"; additionally the annual consultation feedback also confirmed that people thought the staff were kind, caring and supportive. This demonstrated that staff interactions have a positive impact on people's sense of value and positive self-esteem.

There is an assessment process in place, but this is not always available for staff to inform them how people would like to be supported. We were aware that there was an admissions policy in place to ensure there was a smooth transition into the home. When we examined a person's file we found that the assessment was not available to view. The temporary manager found the completed document on the computer which staff would not have to hand. Furthermore, the service agreement which outlined the terms and conditions, the termination notice period and what they could expect from the service, was not available on their file or signed to confirm their agreement.

Based on our findings, we conclude that people cannot always be assured that the relevant admission information is in place and confirmation of their agreement.

On the whole there are care plans and risk assessments in place to meet people's needs, but the reviewing system should to be improved. When we examined an individual's personal file, we found detailed care plans in place which fully considered their needs, such as their care support, emotional, social, recreational and religious needs to meet their personal goals. There were weekly activity plans in place for people, which could also be flexible when choices changed.

People we spoke to also confirmed that they were actively involved in the daily living tasks of the home, they visited their family, socialised with local groups of friends and attended the community Church.

The care files had been personalised to the individual and included a pen picture of their life history, and the things that matter to them. Also, we saw a document that reflected what was going well and personal goals. However, we found that there was no evidence on the file that the individual had been given the opportunity to contribute to their plan.

Furthermore, there were gaps in reviews taking place and no evidence of the individual having the opportunity to influence their review meeting, which should take place a minimum of a three monthly basis. We found that a care plan stated that they required staff supervision when accessing the community, however the individual no longer required this assistance and accesses the local community independently. If the reviews had been regularly taking place this would have been the opportunity to update the plan, to reflect the change in support. Furthermore, there was no evidence of when goals had been evaluated to measure the progress, provide additional support, information or celebrate success.

We found that the risk assessments were detailed to promote independence and manage risk. However, we advised that the risk assessments could be further streamlined to avoid duplication and any staff confusion.

We conclude that people generally have individualised care and support plans, but would benefit from being regularly reviewed to ensure changes are reflected and personal outcomes measured.

Overall, people cannot be fully assured that they will have access to health services, when they are required. We found that there was evidence to confirm that people were generally supported to attend regular appointments to monitor the well-being, such as; access to a General Practitioners, district nurses, social workers and other specialist professionals. However, the arrangements in place have failed to identify when some other health services are required. For example, the individual had recently visited a dentist but the appointment was not recorded on the care records. In addition, we found that an individual had not received an optician appointment for some time, which could have compromised their well-being. We checked the personal care file which evidenced gaps in monthly reviews taking place, which could have been a contributing factor to why the appointments were not always identified to be arranged or recorded. We conclude that generally people's health is promoted but further oversight is required.

The medication arrangements in place are not robust enough to ensure safe handling and auditing of medicines for people. We examined the medication systems and found that there were arrangements in place to securely store medicines, although there was no suitable storage for controlled items. We appreciated that at the time of our visit there were no medicines requiring this storage. We recommended that some people's medication profiles should include how they liked to take their medication, and their preferences. Some specific medication guidance such as, when required medicines, required staff signatures to confirm their understanding. Furthermore, the guidance for should include the signs and symptoms for staff to observe, which could indicate the need to administer the medication, as the current guidance was reliant on the individual being able to communicate their needs.

We examined people's medication administration recording charts (MARS) and found that that overall they were completed correctly by the staff, but the effectiveness of when required medication was not always recorded.

We saw that the information in the individual's medication records had been reviewed in April and October 2019, but consideration should be given to undertaking the reviews more frequently, to ensure any changes to people's medication needs or medical history are reflected. During our visit we identified a medication error, therefore we informed the registered person and they addressed the matter immediately. As a result, we examined the manager's weekly audit records and found that the medication issues raised at the time of inspection had not been identified.

When we sampled staff personal records we found that they had undertaken the medication awareness training, and a competency observation assessments had been completed, prior to staff being able to independently administer medicines. However, we discussed this matter with the registered person to ensure that when a medication error has been identified, they should consider the pattern of any previous errors, to determine their competency review. We were assured that a full review will be undertaken of the medication systems to ensure they are robust. We conclude people cannot always be assured that there is oversight of medication and further improvement is necessary in this area. We will consider at the next inspection visit.

### 3. Environment

#### Our finding

Generally, people are living in an environment that is homely and updated, but further improvement is required. We had a tour of the home and found that overall the environment was well decorated, colour coordinated, warm and pleasant. We saw that people were encouraged to personalise their own rooms with a colour of their choice and had personal furniture and items that were important to them. All people living at the home commented that they liked living there and enjoyed having the freedom to use all areas, as they wished. We saw that they were encouraged to spend time together socialising in the communal areas and having meals. The garden was well maintained by a person living at the home and they told us that everyone enjoyed spending time in the garden in the summer time. However we noted that there were some hazards at the home that should have been identified and replaced, and also some areas that would benefit from redecoration. These included; the boiler door should have a lock in place, the toilet door should have an appropriate lock for privacy purposes, shower room grab rails and toilet frame should be replaced as in poor condition, exposed hot pipes in shower room to be appropriately covered and the staff room to be redecorated. Additionally, we saw that one bedroom door was wedged open. The manager confirmed that this was a temporary measure as work was being undertaken on the roof and bedroom ceiling tiles. We asked that this work is undertaken urgently and a temporary risk assessment in place to ensure people's safety is not compromised in an event of a fire. Following our visit the registered person was responsive and assured us that all works were completed. We conclude that people live in a homely and relaxed environment, however, robust arrangements should be in place to ensure any hazards and refurbishment works are identified and addressed. We will consider this area further at the next inspection visit.

People are cared for in a clean environment. We found that the home was clean and there was a schedule in place that the individuals living at the home and the staff undertake. We found that the home was free of unpleasant odours, free of clutter and there were infection control measures in place. Therefore, we conclude that people benefit from being actively involved in the cleaning of their home, to ensure the environment they live in, remains pleasant.

Generally, people can be assured that they are living in an environment where servicing and maintenance is carried out, but further consideration is needed. We examined monitoring contracts and records for the servicing of the home such as; gas, electric, portable electric testing, fire, emergency lighting, water temperatures and window restrictor checks. However, we identified that fire evacuation simulations were not being undertaken on a quarterly basis, and the last evacuation recorded was September 2018. The temporary manager assured us that action would be immediately taken to ensure fire evacuations are undertaken, in accordance with fire safety guidance.

We were informed that staff recorded any repairs needed in the communication diary for the manager to action. However, if urgent they could contact the maintenance company direct to prioritise the work. We examined the on-line maintenance system which evidenced the manager regularly contacting the company, identifying the priority level and recording the date when the work was completed. We requested copies of the Legionella Assessment and the Asbestos Assessment report. We examined the legionella assessment report and



found that it should be revised to be assured that the document fully meets the required guidance. We have not yet received the asbestos report. When we spoke to the RI they confirmed that this area would be addressed.

We conclude that generally people are protected from harm and their safety is maintained, but further improvement is required.

## 4. Leadership and Management

### Our findings

There are quality assurance systems in place to measure the quality of service people receive. We saw that the responsible individual had visited the home on a regular basis, and found records that evidenced that they had spoken to the people living and working at the home, checked the environment, and sampled specific areas. Furthermore, the reports measured the quality and also identified areas for improvement.

We found that these reports informed the six monthly quality of care review report dated July 2019, which had been submitted to the provider. The document identified that a maintenance schedule should be in place, care files should be regularly reviewed, and any gaps in staff training should be addressed, which were areas of improvement that we identified at our inspection visit. We recommended that the quality assurance visits should include the sampling of management of medicines in the home. In addition the RI should review the current measures in place to be assured that any actions identified, have been achieved in a timely manner.

When we spoke to the temporary manager and the staff, they told us *“the RI is supportive and available when needed”*. Based on our findings, people can be confident that there are quality assurance arrangements in place, but should be strengthened.

People benefit from a manager that is visible and committed to further improve the service. At the time of our visit, the temporary manager had only been in post for a few weeks. They showed us their action plan to further enhance the quality of service for the people living at the home. They appeared enthusiastic and motivated to seek improvements. They had developed an annual development plan to improve systems and information to demonstrate how the service was meeting people’s personal outcomes. We saw that timescales for completion was not set for all action points. This would be useful to measure progress and celebrate service achievements.

Furthermore, the temporary manager had extensive knowledge of people’s needs. We saw the interactions with people in the home and other professionals were attentive, relaxed and efficient.

When we spoke to people living at the home they confirmed that the temporary manager was approachable and helpful.

We received questionnaire feedback from staff and told us; *“the home has a very good team leader”* and *“she is extremely approachable and the home is run efficiently.”*

The home benefits from management that is open, approachable and seeking to drive improvement.

Overall, people receive care and support from staff that have been safely recruited. We examined staff personal files and found that all relevant recruitment checks had been undertaken prior to commencing their post, in accordance with the required regulations. However, we recommended that any gaps in employment should be checked and evidenced. Based on the information available, we conclude that staff have been appropriately checked in a way that protects people.

Generally people receive care from knowledgeable and trained staff team, but should be further improved. We examined the training matrix and found that staff received an induction when they commenced post and were given regular opportunities to attend core

training, to further enhance their personal development. In addition, 50% of staff were suitably qualified to a QCF Level 2 in Care. We identified that there were some gaps in core training such as; health and safety, safeguarding of adults, mental health awareness etc. The temporary manager assured us that these training areas would be arranged. Furthermore, we recommended that management considered training for specific areas, such as brain acquired injury, which would increase the staff's understanding of the medical condition of the people living at the home. We conclude that staff are trained to deliver good quality care and support to people living at Ty Connie, but could be further strengthened to consider specific needs and conditions of people living at the home.

People can be confident that there are systems in place to provide staff with support and direction. We examined staff files and found that generally they had been given the opportunity to meet individually with their manager on a three monthly basis, to reflect on their performance and seek further advice and support. In addition, we saw that staff had an opportunity to meet collectively with management in October 2019 to share information, express views and discuss service development. We examined the meeting notes which included; staff training, key worker role, medication, and service procedures in place. The temporary manager told us that they intended to plan regular team meetings up to six times per year, per the statutory guidance. We conclude that people benefit from staff that feel valued and well supported in their role.

There are arrangements in place to identify events in the home and people can be assured that they are investigated. We saw that there was an accident and incident policy in place and evidence that forms were fully completed by staff and appropriate action taken. Furthermore, management conducted an investigation to ensure no further action was required, and showed us a computerised system that could be used to identify patterns and trends. Based on the information in place, people are protected by the arrangements and appropriate action taken to ensure risk is minimised.

People are safe from harm. When we examined the staff training records we found that not all staff had attended the safeguarding of adults training. Additionally, we sampled the safeguarding policy and found that not all staff had signed, therefore, we could not be fully confident that they understand the safeguarding procedures and their role in protecting vulnerable people. The policy was dated 2015, and there was no evidence that the information had been reviewed.

The temporary manager assured us that this would be immediately addressed. People are protected by the policy in place, but the registered person should ensure that staff have a clear understanding of the safeguarding of adults.

## 5. Improvements required and recommended following this inspection

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

This was the first inspection following re-registration under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA)

### 5.2 Areas of non-compliance at this inspection

We identified areas where the registered person is not meeting the legal requirements. A notice has not been issued on this occasion as there was no immediate or significant impact for people living at the home:

**Regulation 16 (1):** The personal plan should be reviewed as and when required but at least three monthly

**Regulation 33 (2), (c):** Access to health and other services – (c) to be able to access treatment, advice and other services from any health professional as necessary

**Regulation 36 (2), (d):** The service provider must ensure that persons working in the service receive core training appropriate to the work to be performed by them – In relation to some gaps in core training and brain acquired training to have an understanding of the condition of people living at the home

**Regulation 44 (4), (h):** The premises must be properly maintained - In relation to legionella and asbestos assessments and hazards or refurbishment works should be identified and addressed.

**Regulation 57:** The service provider must ensure that any risks to health and safety of individuals are identified and reduced so far as reasonably practicable – In relation to ensuring fire evacuations take place on a minimum of a quarterly basis as this could compromise people's safety

**Regulation 58 (1), (2), (b), (c):** The service provider must have arrangements in place to ensure medicines are administered safely. – In relation to the recording, administration and auditing of medicines

**Regulation 59 (3), (a):** Ensure that records relating to individuals are accurate and up to date – In relation to the completeness of daily care records

### 5.3 Recommendations for improvement

In addition we made the following recommendation to improve the service:

- RI should review the current quality assurance systems in place to ensure that any actions identified, have been achieved in a timely manner.
- Statement of Purpose and User Information should be further strengthened.
- The pre-admission assessment should be available on individual care files for staff to be well informed of the person's care needs and how they would like to be supported
- The service provider must provide a signed copy of the service agreement which outlines the terms and conditions

- People to be given the opportunity to contribute and agree to their care and support plan
- Streamline the risk assessments to minimise duplication and any staff confusion.
- Review of the safeguarding of adults policy and staff should sign to confirm that they understand their responsibilities

## 6. How we undertook this inspection

This was a full inspection carried out in accordance with the Care Inspectorate Wales (CIW) Inspection Framework. We considered all four themes; well-being, care and support, leadership and management, and the environment. Our visit to the home was unannounced and undertaken on 4 November 2019 from 09.00am to 17.00pm.

The following regulations were considered as a part of this inspection:

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

- We reviewed the statement of purpose and user information guide and compared it with the service we observed
- We met with individuals living in the care home
- We observed care practices and interactions between staff and individuals living in the care home
- We held discussions with the temporary manager and two staff during our visits
- We gave out questionnaire feedback forms to people living at the home, their representatives, staff team and other professionals that visit the home. We received no feedback from people living at the home, one relative form and one staff questionnaire feedback form
- Examined the provision of the Welsh Language at the home
- We observed the activities at the home and examined the activity records
- We carried out a detailed examination of a personal file which included; care and support plans, risk assessments, health care and daily recordings
- Examined the Deprivation of Liberty Safeguards were in place and appropriately made
- We examined the medication arrangements, administration and records
- We examined the accident and incident records at the home
- We looked at a wide range of records, including accident and incidents, engagement evaluation reports and quality assurance reports
- We viewed the minutes of staff team meetings
- We examined three staff personal files, to examine recruitment arrangements, supervision notes and training files
- We examined the staff training matrix
- We examined the arrangements in place for the maintenance and servicing of the home
- We had a tour of the environment and considered the facilities provided
- Following the inspection visit we contacted the responsible individual to provide feedback and confirmed their understanding

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## About the service

Type of care provided	Care Home Service
Service Provider	Gofal Cymru Care Ltd
Responsible Individual	Laura Rees
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	Ty Connie was recently registered under the new Registration and Inspection Social care Act 2016 (RISCA) and this was their first inspection under the new legislation
Dates of this Inspection visit(s)	04/11/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The home is not working towards the “Active Offer” of the Welsh language, but the provider is committed to meeting peoples preferred communication needs, when required.
Additional Information:	

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